



Department
of Health

State Discussion with Children's Waiver HCBS Providers

October 30, 2024

Purpose

- For the Department of Health (DOH) to share updates, guidance, and policy changes, and obtain feedback from Home and Community Based Services (HCBS) providers.
- Provide an opportunity for HCBS providers to discuss barriers and be a part of the problem-solving discussion.
- Have an open dialogue to communicate issues and concerns.

Agenda

- ✓ HCBS Cost-of-Living Adjustment (COLA) Rate Increase
- ✓ HCBS Move to Capitation
- ✓ Change in HCBS Recipient/Exemption (R/RE) K-Codes for Eligibility & Enrollment
- ✓ Designation Reminders
- ✓ Provider Documentation Reminders
- ✓ HCBS Provider Contact Information
- ✓ Enhanced Federal Matching Percentage (eFMAP) Provider Survey
- ✓ Consolidated Fiscal Reports (CFR)
- ✓ Fee-for-Service (FFS) Authorization Policy
- ✓ Referral & Authorization Portal
- ✓ HCBS Stakeholder Collaborative Meeting
- ✓ Future Meetings & Contact Information

HCBS COLA Rate Increase

HCBS & CFTSS COLA Rate Increase

Announced October 11, 2024, DOH has [received approval](#) from the Centers for Medicare and Medicaid Services (CMS) and New York State (NYS) Division of the Budget (DOB) to implement a **2.84% COLA** for Children's HCBS rates retroactive to **April 1, 2024**.

Children's HCBS providers will automatically receive retroactive adjustments on FFS Medicaid claims already submitted/paid with dates of service **on or after April 1, 2024**.

HCBS retro-payments will be included in providers' cycle 2457 payments, which were **issued on October 9, 2024**.

Child and Family Treatment and Support Services (CFTSS) retro-payments will be included in providers' cycle 2459 payments, which were scheduled to be issued on **October 23, 2024**.

HCBS & CFTSS COLA Rate Increase

Medicaid Managed Care Plans (MMCP) are expected to configure their systems with the updated rates and issue retroactive payment adjustments to providers for dates of service on or after April 1, 2024, no later than 90 days from the notice (October 11, 2024).

Adjusted Children's HCBS and CFTSS rate schedules can be found at the following links:

HCBS Rate Summary ([PDF](#))
Other Licensed Professional (OLP) Rates
([Web](#)) – ([PDF](#))

Family Peer Support Services (FPSS), Youth Peer Support (YPS), Community Psychiatric Supports and Treatment (CPST), Psychosocial Rehabilitation Services (PSR), Crisis Intervention (CI) Rate Summary
([Web](#)) – ([PDF](#))

For more information, please refer to the [Transmittal and Notice of Approval of State Plan Material](#). Providers can contact 1915CR@health.ny.gov with any questions related to this rate update.

HCBS Move to Capitation

HCBS Move to Capitation

Since October 1, 2019, when Children's Waiver HCBS were added to the Medicaid Managed Care benefit package, MMCPs have been reimbursed for Children's HCBS via non-risk payments outside of the capitation rate.

Effective **October 1, 2024**, MMCP capitation payments will be adjusted to include risk-based premium adjustments for Children's Waiver HCBS.

All HCBS rate codes were disabled **for MMCPs** for dates of service on or after October 1, 2024. **HCBS rate codes will remain active for HCBS providers.**

MMCPs must continue to pay at least government rates for Children's HCBS.

Change in HCBS R/RE K-Codes for Eligibility & Enrollment

HCBS Change for Eligibility & Enrollment

On October 11, 2024, [DOH announced](#) the implementation of a change effective **September 16, 2024**, regarding how the R/RE Children's Waiver K-code "end dates" are placed on enrolled children/youth's Medicaid files.

The K-code "end date" will **automatically be 365-days** from the date of the finalized HCBS Eligibility Determination.

This change was effective for all HCBS Eligibility Determinations that were finalized as of **September 16, 2024**.

This change will **not be retroactive** to previous HCBS Eligibility Determinations that occurred **prior to September 16, 2024**.

For Example:

For a newly eligible HCBS Eligibility Determination with a finalized outcome date of September 18, 2024, the K-code start date will be September 18, 2024; and the end date will be September 17, 2025.

Addressing Timely Assessments

Newly enrolled children/youth in the Children's Waiver will have K Codes added for **exactly 365 days**.

If a new HCBS Eligibility Determination has not been completed within 365-days, then the K Codes will **automatically be removed from the child/youth's file** deeming them no longer eligible for HCBS, *unless there is a filed Fair Hearing with Aid to Continue*.

Effective October 31, 2024, any children/youth without an active LOC will have their K Codes removed. K-Codes will not be removed from any participants who have requested a Fair Hearing and have received Aid Continuing.

Reference: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/2024/docs/chg_rr-re_k-codes.pdf

Designation Reminders

Designation Reminders

HCBS providers must comply with the [Final Rule](#), which dictates allowable settings for HCB service provision.

All agency sites used for service provision must undergo a Final Rule Review.

Providers are **NOT allowed to provide services** from an agency location that is **not included on their designation**.

All agency sites used for HCB Service provision must be included on an agency's designation application.

Agency Name on the Designation Application should reflect the name used by the agency for service provision and HCBS billing. If using a “Doing Business As (DBA)” name, the official DBA must be reported to OMH-Childrens-Designation@omh.ny.gov and included on the agency's designation application.

Designation Guidance

Any HCBS provider that is providing services at agency sites that are not designated/approved:

1. Must adjust services provision to stop the practice no later than 15 days from this notice
2. Must report the State Designation Team (OMH-Childrens-Designation@omh.ny.gov) to discuss next steps and ensure continuity of care for the children/youth currently being served
 - a. Meet with the member/family to discuss how the services may continue to be provided and or changed
 - b. Notify the care manager of the change to service provision/site and other changes to service delivery that might occur. If the participant/family is not interested in receiving services at an alternate location, the care manager need to send a referral to a different provider.
3. May have to report to New York State Office of Medicaid Inspector General (OMIG) and or MMCP, as well as return funds associated with claims paid at the non-approved site location

All agency sites used for HCB Service provision must be included on an agency's designation application.

Provider Documentation Reminders

Provider Documentation Reminders

Progress notes provide a narrative history of the participant's progress and must include, at a minimum, the following components:

- a) Date the note is being recorded
- b) Date of service/contact
- c) Name of the staff member and associated agency providing the service
- d) Duration of service (start/end time)
- e) Type of contact (e.g., telephonic; in-person)
- f) Modality (e.g., individual; group)
- g) Type of HCBS provided
- h) Location where the service was provided
- i) Participants or other(s) (to whom the service was provided) and present at the time-of-service delivery
- j) Objectives/tasks/activities to meet the identified goals
- k) The participant's/family's response to the objectives/tasks/activities
- l) Goal(s) and objective(s) that were addressed, progress made, and any potential barriers identified
- m) Plan or next steps regarding changes to the service or continuation of service
- n) Signature of individual completing the note (electronic signatures are permitted)

*For more information,
reference the Provider
Service Delivery
Documentation Policy
for Children's
HCBS [#CW0017](#)*

Provider Documentation Reminders

According to the [New York State Medicaid Program Information for all Providers – General Policy](#), “Federal Law and State Regulations require providers to maintain financial and health records necessary to fully disclose the extent of services, care, and supplies provided to Medicaid enrollees”

HCBS providers are required to complete a progress note for every contact with the participant/family, involved care team members, other support individuals as identified by the participant/family, and service delivered to an HCBS participant, within 10 business days of the encounter.

Providers who are found to be missing adequate documentation to support claims for Children's HCBS may be subject to further action including but not limited to imposing corrective actions, referral to the New York State Office of Medicaid Inspector General (OMIG), requiring prepayment review of claims, or termination of HCBS provider designation status.

Case/Progress notes are part of the HCBS case reviews – Lack of Case/Progress notes will result in a Corrective Action Plan and potentially impact designation status or re-payment of claims

HCBS Provider Contact Information

HCBS Provider Contact Information

It is the **provider's responsibility to keep the State apprised of agency contact updates.** The State maintains a list of names, phone numbers, and emails for the following contacts:

1. Primary Contact
2. Secondary Contact
3. Referral Contact
4. Chief Executive Officer (CEO) Contact

These contacts are used to communicate essential information, request submissions, etc.

Updates to names, phone numbers, or emails of agency primary, secondary, referral, and/or CEO Contacts should be shared with OMH-Childrens-Designation@omh.ny.gov.

In addition to these contacts, DOH maintains an HCBS listserv that shares general information about HCBS updates, webinars, etc. All agency primary and secondary contacts are automatically added to the HCBS listserv. Agencies can request that additional staff be added to this listserv by contacting BH.Transition@health.ny.gov

eFMAP Provider Survey

eFMAP Provider Survey

The [Children's Workforce and Infrastructure Funding and 25% Rate Increase survey](#) was issued to **applicable providers** on October 8, 2024. Providers who received eFMAP workforce and infrastructure funds must complete the eFMAP survey in Survey Monkey by **November 7, 2024**.

DOH sent the eFMAP Provider Survey **to providers who received a payment** from the State of New York as part of the broader efforts to use eFMAP funding made available by the [American Rescue Plan Act of 2021](#) (ARPA) to enhance, expand, and strengthen Medicaid HCBS.

Responses are intended to provide additional information to the State about **use of and impact of eFMAP funds** and will not impact the funding received by providers.

eFMAP was provided to HCBS, CFTSS, and 29-I providers

Further detail and instructions can be found in the survey link above.

Please reach out to BH.Transition@health.gov with any questions.

eFMAP Provider Survey

Surveys were sent to the following agencies:

- Abbott House
- Access: Supports for Living Inc.
- AccessCNY
- Ahivim, Inc
- AspireHope NY, Inc.
- Association to Benefit Children
- Astor Services for Children & Families
- AWIXA
- Baker Hall dba OLV Human Services
- Bendel Youth Empowerment Program, Inc
- Berkshire Farm Center and Services for Youth
- Bikur Cholim Inc.
- CAPTAIN Community Human Services
- Cardinal McCloskey Community Services
- Catholic Charities of Broome County
- Catholic Charities of the Diocese of Rochester, DBA Catholic Charities of Livingston County
- Catholic Charities of the Diocese of Rochester, DBA Catholic Charities Steuben/ Livingston
- Catholic Guardian Services
- Cattaraugus Rehabilitation Center, Inc. dba Intandem
- Cayuga Counseling Services
- Cayuga Home for Children DBA Inc., Cayuga Centers
- Chautauqua County Department of Mental Hygiene
- CHDFS, Inc
- Green Chimneys
- Hope For Youth
- Child and Family Services of Erie County
- Children's Home of Jefferson County
- Children's Home of Wyoming Conference
- Citizen Advocates, Inc.
- Community Assistance Resources and Extended Services, Inc
- Community Maternity Services
- Community Services for Every1, Inc.
- Cortland County Mental Health Department
- Elmcrest Children's Center
- Episcopal Health Services Inc.
- Eprine Community Services

eFMAP Provider Survey, contd.

- Extraordinary Home Care d/b/a St. Mary's Home Care
- Families First in Essex County, Inc
- Family and Children's Association
- Family Residences and Essential Enterprises, Inc.
- Family Resource Network, Inc.
- Family Service League
- Family Services of Westchester
- Gateway-Longview
- Glove House, Inc.
- Good Shepherd Services
- GRAHAM WINDHAM
- Greene County Community Services Board
- Greystone Programs, Inc.
- Hamaspik of Kings County
- Hamaspik of Orange County, Inc.
- Hamaspik of Rockland County, Inc.
- Hand in Hand Family Services Ltd.
- HeartShare St. Vincent's Services
- Herkimer County Chapter, NYSARC Inc.
- Hillside Children's Center
- Homespace Corp.
- Integrated Community Alternatives Network, Inc. (ICAN)
- Interborough Developmental and Consultation Center, Inc.
- Jewish Board of Family and Children's Services
- Jewish Child Care Association of New York
- Julia Dyckman Andrus Memorial
- KidsPeace National Centers of North America
- LaSalle School
- League School
- Liberty Resources, Inc.
- Little Flower Children and Family Services
- Lodestar Children's Services Inc.
- Long Island Adolescent and Family Services
- LUTHERAN SOCIAL SERVICES OF NEW YORK
- Martin de Porres
- Mental Health America of Dutchess County, Inc.
- Mental Health Association of the Southern Tier, Inc.
- Mental Health Association of Westchester, Inc.
- MercyFirst
- Mount Sinai Hospitals Group, Inc./ St. Luke's-Roosevelt Hospital Center d/b/a Mount Sinai Morningside
- Mountain Lake Children Residence
- New Alternatives for Children, Inc.

eFMAP Provider Survey, contd.

- New Directions Youth and Family Services
- North American Family Institute (NAFI Connecticut)
- North Country Transitional Living Services, Inc. (THRIVE Wellness and Recovery)
- North Shore Child and Family Guidance Center
- Northeast Family Services of New York
- Northeast Parent & Child Society, Inc.
- Northern Regional Center for Independent Living, Inc
- NYSARC Wayne County Chapter
- NYSARC Inc., NYC Chapter (DBA: AHRC New York City)
- Ohel Children's Home and Family Services, Inc.
- OTI Management Consulting, Inc
- Parsons Child and Family Center
- Pathways, Inc.
- Pesach Tikvah Hope Development
- Putnam Family & Community Services DBA CoveCare Center
- Rewarding Environments for Adult Living Inc
- Rising Ground
- Rockland Community Services
- Saint Anne Institute
- SCO Family of Services
- SEAMEN'S SOCIETY FOR CHILDREN AND FAMILIES
- Seneca Cayuga Yates Counties Chapter NYSARC, Inc DBA Mozaic
- Sheltering Arms Children and Family Services
- SKIP of New York Inc.
- Spectrum Health and Human Services
- St Xavier Home Care Services, Inc
- St. Christopher's Inc
- St. Dominic's Home
- St. John's Home Boys
- Temicha Support Line inc.
- The Arc Erie County New York d/b/a Heritage Centers
- The Child Center of NY, Inc.
- The Children's Home of Poughkeepsie
- The Children's Village
- The Family Counseling Center of Fulton County
- The House of the Good Shepherd
- The Mental Health Association of NYC
- The Neighborhood Center Inc.
- The New York Foundling
- The Salvation Army
- The William George Agency for Children's Services
- Timothy Residential Children's Ranch, inc. dba The Ranch at Riverhead

eFMAP Provider Survey, contd.

- Toomey Residential and Community Services
- Vanderheyden
- Villa of Hope
- Wayne County Action Program, Inc.
- WellLife Network Inc.
- Westchester Jewish Community Services, Inc.
- Yedei Chesed
- Children's Health Home of Upstate New York
- Integrated Community Alternatives Network, Inc. (ICAN)
- Interborough Developmental and Consultation Center, Inc.
- Jewish Board of Family and Children's Services
- Jewish Child Care Association of New York
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- Children's Health Home of Upstate New York

Please reach out to BH.Transition@health.gov with any questions.

Consolidated Fiscal Reports

Consolidated Fiscal Reports

HCBS providers are required to complete a Consolidated Fiscal Report (CFR) annually. The following allowances are in place for CFRs and can be applied to any CFRs submitted in 2024 or beyond.

All HCBS providers are required to submit a CFR, regardless of revenue amount. HCBS providers are not required to have the CFR certified by an independent Certified Public Accountant (CPA) **if the combined Medicaid funding for all programs (HCBS, CFTSS, Health Home, and IOS Clinic, etc.) is \$250,000 or less.**

Service providers' operating programs under the jurisdiction of one or more state agencies must file an annual CFR to document the expenses and revenues related to those programs. A single CFR is required from a service provider for each reporting period for which they are required to file. This single CFR includes all expenses and all revenues of the service provider.

*Additional information about the CFR can be found in the [CFR Manual](#)
Questions about Consolidated Fiscal Reporting can be sent to CFR@omh.ny.gov*

FFS Authorization Policy

FFS Authorization Policy

Effective October 21, 2024, all HCBS provided beyond the initial service period, **including HCBS provided to children/youth enrolled in FFS Medicaid**, require Authorization.

Authorizations for FFS children/youth will be submitted to and reviewed by DOH.

DOH will **review all requests and issue determinations** to HCBS providers.

FFS Authorization requests will be submitted through the HCBS Referral & Authorization Portal.

Additional detail on this process will be provided in a FFS Authorization Policy, which will be **released shortly**.

Referral & Authorization Portal

Referral & Authorization Portal: Short Form Connection Process

The Children's HCBS Referral & Authorization Portal **Short Form Connection Process** is live within the Incident Reporting and Management System (IRAMS).

The Short Form Connection process was developed to ensure that **all children/youth in receipt of HCBS before June 17th**, who continue to receive services today, are accounted for in the system. **CMs must enter the system** to send Short Form Connection requests to HCBS providers for all eligible children/youth. HCBS providers must respond to these requests to confirm or deny the connection.

DOH is looking to end the Short Form Connection process within the Portal shortly.

CMs and HCBS providers are **encouraged to confirm any outstanding connections** in the Portal as soon as possible.

For More Information:

Guide - [\(PDF\)](#) - July 24, 2024

Webinar - [\(PDF\)](#) - [\(Recording\)](#) - July 24, 2024

Frequently Asked Questions (FAQ) - [\(Web\)](#) - [\(PDF\)](#) - August 8, 2024

Questions about this update can be submitted to BH.Transition@health.ny.gov.

Any questions or requests for assistance related to the Electronic Referral & Authorization Portal or the Short Form Connection Process can be sent to <https://apps.health.ny.gov/pubpal/builder/email-health-homes>, with "IRAMS Questions only - No Personal Health Information (PHI)" as the subject.

HCBS Provider Expectations

DOH held a webinar on the [HCBS Referral Process and Expectations](#) on **October 1, 2024**.

1. Review and Manage Referrals:

- HCBS providers are expected to review and respond to referrals within 7 calendar days after receiving them from the Health Home Care Manager (HHCM)/C-YES.
- Providers must update the system to reflect changes in referral status (Accept, Waitlist, Decline). *The HCBS provider should only accept referrals for services for which they have staff member ready to serve.*

2. Provide Requested Service(s):

- **Once selected** by the HHCM/C-YES, providers must contact the family within 10 days to schedule the first appointment.
- After completing an initial intake assessment, the agency will develop an established Frequency/Scope/Duration (F/S/D) for service provision based upon the objectives to reach the identified goal.

HCBS Provider Expectations

3. Waitlist Management and Follow-up:

- If placed on the Agency Waitlist, the provider has 90 days to offer services to the child/youth.

4. Ongoing Monitoring of Service Delivery:

- HCBS providers are responsible for maintaining regular communication with HHCM/C-YES, children/youth/family, and MMCP as needed to discuss updates to service delivery.
- HCBS providers are responsible for completing authorization and re-authorizations for service delivery.
- HCBS providers are responsible for discharging a child/youth from their service once that service is completed or if the provider can no longer serve the child/youth and document the reason for discharge and update the child/youth's status accordingly.

*As a result of questions asked during the presentation, DOH is updating the **Referral FAQ**.*

Referral Reminders

DOH would like to **remind providers** of the following:

1
Providers should **only** be **accepting referrals** if staff are **available**.

2
Providers should be **declining referrals** with **insufficient information**.

3
Children/youth must be appropriate for all services they are being referred for and there must be a justified need for the service.

E.g., a child/youth turns 14, they are not necessarily appropriate for prevocational services.

HCBS Providers should not be contacting families until they have been selected as the provider to provide the service(s) by the Care Manager. This is inappropriate and confusing to families.

Launch of Authorization Features

Effective October 21, 2024, all new HCBS authorization requests must be created and managed within the HCBS Referral & Authorization Portal.

- Only authorizations generated within the Portal can be submitted for authorization and claim payment. Use of the previous *HCBS Authorization and Care Manager Notification Form* will **no longer be permitted**.
- Authorizations are required for both MMCP and FFS participants.
- Authorizations can only be created if the child/youth has an active K-Code, active Medicaid, an active service (full referral or short form connection), or has a pending Fair Hearing with Aid to Continue.

NOTE: Authorization requests made prior to October 21, 2024, should **NOT** be entered into the Portal

Launch of Authorization Features

- The authorization needs to be completed at least 14 days prior to the end of the initial service period of 60 days/96 units/24 hours and at least 14 days prior to the end of an existing authorization period for re-authorization.
- A service may have no authorization if the service was cancelled or satisfied within the initial period. If an authorization is not needed, the HCBS agency should discharge and indicate the circumstance, within the Portal.
- Authorizations are not active until they have been approved/authorized by the MMCP or DOH (for FFS) and finalized in the Portal.
- Without proper authorization, submitted claims by HCBS providers may not be paid by the MMCP or the HCBS provider will have to pay funds back for FFS.

A potential Office of the Medicaid Inspector General (OMIG) referral may occur if billing occurs without proper authorization.

Referral & Authorization Portal: New Features

DOH conducted a webinar on **Thursday, October 10th** that provided a comprehensive overview of the Portal's functionality, navigation, and best practices for managing HCBS authorizations.

Topics covered in the webinar:

- Responsibilities of the HCBS provider
- How to create an authorization request
- Process of determining and creating Frequency, Scope, and Duration (F/S/D), Specific Measurable, Attainable, Relevant, Timely (SMART) goals, objectives, and justifications
- Process for requesting additional service units
- Process for reporting MMCP authorization determinations and notifying care managers

View the webinar:
[PDF](#)
[Recording](#)

The Referral & Authorization Portal User Guide, currently posted on the [Critical Incident, Staff Compliance, and HCBS Referral & Authorization Portal](#) page of the DOH website, has been updated to include information about new authorization features.

Referral & Authorization Portal: New Features

Benefits

- Prepopulated information generated by system
- Availability of data
- Easily sharing information in real time with care team members.
- Alerts/reminders for due dates, action needed, etc.
- Consistent process for all agencies

Reported Concerns

From the Webinar on October 10th

- MMCPs currently do not have access to the Portal
 - *MMCP will be obtaining access in November, to start will have view only*
- Possible duplication between Portal and EHR

Questions and feedback on the Referral & Authorization Portal can be sent to BH.Transition@health.ny.gov.

Referral and Authorization Portal

FEEDBACK, IDEAS, SUGGESTIONS

Contact us

Please email [Health Homes](#) with a subject line of “IRAMS Questions Only – No PHI”

HCBS Provider, HH, CMA, MMCP, C-YES Collaborative Meeting

HCBS Stakeholder Collaborative Meeting

MMCPs, Health Homes Serving Children, Care Management Agencies, and Children's HCBS Providers are **invited to participate in a collaborative meeting.**

Goal: provide an opportunity for all involved stakeholders to discuss barriers and collectively work to resolve challenges. Ensure the same information is provided to all involved parties.

MMCPs, HCBS providers, HHs, and CMAs, will be asked to **select agenda topics they would like to discuss** during the meeting.

Tentatively scheduled for **December 12th from 11am-1pm**, a formal invite will be issued shortly.

Future Meetings & Contact Information

Future Meetings & Contact Information

- Next Scheduled Monthly Meetings:
 - *November 20th, 2024, from 1:00 PM – 2:30 PM*
 - *Registration Link:*
 - <https://meetny.webex.com/weblink/register/ra39b382a96278d03a6b9b1286b2243eb>
 - *December 18th, 2024, from 1:00 PM – 2:30 PM*
 - *Registration Link:*
 - <https://meetny.webex.com/weblink/register/r2d0416dbeef6fa0636f38d1b89156c45>
- DOH would like to discuss topics of interest to the HCBS providers and hear suggestions and ideas for improvement.
- Please submit your agenda requests, suggestions, or questions to BH.Transition@health.ny.gov.

Contact Us:

All Children's Waiver HCBS questions and concerns, should be directed to the NYS Department of Health at BH.Transition@health.ny.gov mailbox or (518) 473-5569.

For the Referral and Authorization Portal, Staff Compliance, and HCBS Service Critical Incidents/grievances questions, email [Health Homes](#) with a subject line of "IRAMS Questions Only – No PHI"

Questions regarding the HCBS Settings Final Rule can be directed to ChildrensWaiverHCBSFinalRule@health.ny.gov.

New York State Department of Health Managed Care Complaint Line
1-800-206-8125 or managedcarecomplaint@health.ny.gov.