



Children’s Home and Community Based Services Referral and Authorization Portal: Authorization Features Frequently Asked Questions (FAQ)

October 18, 2024

This FAQ primarily addresses questions related to general system features and the development of the HCBS Authorization Form. Additional information about the Fee-for-Service (FFS) Authorization process will be shared in an upcoming FFS Authorization Policy.

Topic	Question	Answer
Authorization Process	Will the MCO take authorization info from the portal, or will providers still be required to send it to them via the form or their own portal?	Starting on October 21st, only authorizations created in the Referral & Authorization Portal will be accepted for MMCP and FFS authorization requests. All authorizations created within the portal for MMCP members will need to be downloaded or printed by the HCBS provider and submitted to the MMCP outside of the portal using a secure method agreed upon by the MMCP and HCBS provider, as it occurs prior to this release.
Authorization Process	Will providers still need to notify via email the MCO that they will be starting the 96units/60day/24hour initial service period? Or will Referral and Authorization Portal act as the notification as well?	HCBS providers are still required to notify the Managed Care Organization (MCO) of the first HCBS appointment. This notification process remains mandatory and will continue to be conducted outside of the Referral and Authorization Portal. Utilization Management and Other Requirements for 1915(c) Children's Waiver Services (ny.gov)
Authorization Process	For existing fee-for-service cases, would service providers put in for a new authorization or wait till the current one expires and then put in?	HCBS providers should wait until the current authorization expires for both MMCP and FFS, before requesting a new one through the portal. The new authorization request must be submitted at least 14 days prior to the current authorization expiration to avoid any gaps in service.
Authorization Process	If there is a short-form connection, would it	No. If the participant is referred through a Short-Form Connection or a full referral, and the member was not discharged from

	require a new referral for reauthorization?	the service in the Referral and Authorization Portal, a new referral is not needed in order to submit an authorization/re-authorization in the portal. Each service for authorization or re-authorization needs a referral/short form to a selected HCBS provider.
Authorization Process	Is the Care Manager notification form going through Referral and Authorization Portal or via email as we do currently?	Once an Authorization has been <u>finalized</u> in the portal with the outcome from the MMCP/FFS, the care manager will be able to access finalized Authorization information. This information will appear on the Care Manager's next Daily Digest, indicating that a new authorization has been finalized. Since this information will be communicated through the portal, there will no longer be a need for the HCBS provider to issue the <i>Children's HCBS Authorization and Care Manager Notification Form</i> to the care manager.
Authorization Process	If MMCPs receive the old HCBS Authorization and Care Manager Notification Form from 10/21/24 on, what should the response be? Should we process it or send it back to the HCBS Provider requesting it from the portal?	MMCPs should send it back and remind HCBS providers that only the Portal Referral will be accepted and if the MMCP continues to get the old form, they then can deny authorization requests submitted on or after 10/21/24 that are submitted on the old <i>Children's HCBS Authorization and Care Manager Notification Form</i> . Only authorization requests generated from the Referral and Authorization Portal can be accepted beginning 10/21/24.
Authorization Process	When a child has a change in CIN numbers, it may take up to 30 days for the K codes to show up on the new CIN. Will services need to be on hold, if we cannot request HCBS authorization?	When a member has a CIN change, as long as a Care Manager follows the established process (the new CIN has been entered in MAPP HHTS and UAS), the K codes only take 3 business days to be reflected in the system. If the established process is followed, there should be no delay in services.
Authorization Process	What if we don't have a connection request yet from HHCM and we need a new auth?	If an HCBS provider is awaiting a connection request from a HHCM who is not being responsive, the HCBS provider

		should connect with the Health Home as soon as possible for support.
Authorization Process	Do we still send all documents to Managed Care Plans that are being requested?	At this time, HCBS providers will continue to send all requested documents to the Managed Care Plan outside of the Referral and Authorization Portal.
Authorization Process	I see it says 14 business days prior to the end of an existing authorization. Until now the regulation did not specify business days, only 14 days. please advise. Thanks!	The Authorization Request must be submitted 14 calendar days prior to the end of the initial service period (for new authorizations) or existing authorization period (for re-authorizations). Utilization Management and Other Requirements for 1915(c) Children's Waiver Services (ny.gov)
Authorization Process	Some insurances do not accept the auth form and you have to enter all the information into their portal separately, so this will be duplicate work for HCBS providers.	MMCPs are informed that they MUST accept this updated version of the form. MMCPs should not be requiring providers to input this information separately into an alternate system.
Authorization Process	Doing an authorization per service, is a big administrative burden, any way to populate all services on the authorization form?	While each individual service will require its own individual authorization, the portal will streamline authorization completion by prepopulating participant information from the Child Case Page, and pre-populating information from the previously entered authorization request to any future authorization requests. The individual service information required is no different than it is today.
Authorization Process	Will we need to submit 1 form per service? Or if a client has 2 or 3 services, will it be 1 form?	Providers will submit an authorization for each service needed individually. If a participant requires 3 HCB services, 3 separate Authorization Requests will be submitted.
Authorization Process	If submitting a NEW authorization request, will dates still need to be submitted 14 days in advance?	If submitting new authorization request, 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.
Authorization Process	What if services are being provided individually and during the authorization	If the family wishes to transition from individual services to group services during the authorization period, a new

	<p>period the family wants group services, do we do a new authorization just for group?</p>	<p>authorization specifically for the group services will be required. HCBS providers should be updating the authorization form or speaking to the MMCP/FFS when there are adjustments to service delivery based on need of the member.</p>
<p>Authorization Process</p>	<p>Why would we be requesting authorization for a goal that is complete or no longer applicable?</p>	<p>The portal maintains a history of all goals included in any previously submitted authorization requests. These goals will automatically pre-populate on a future authorization request. If the goal is complete or no longer applicable, it should be marked as such so that it will be removed from future authorization requests. Complete and no longer applicable goals are not included for authorization purposes but instead to provide accurate record-keeping and reporting, which helps demonstrate the effectiveness of the services provided.</p>
<p>Authorization Process</p>	<p>If you upload additional documents, won't you just have to print them out again to send since you have to print and send the auth form outside of the portal?</p>	<p>The upload documents feature is currently optional for MMCP participants. HCBS providers are not currently required to upload documents to the "attachments" tab when submitting authorization information in the Portal.</p>
<p>Authorization Process</p>	<p>Will CMAs have the option to approve FFS to know it was received and agreed?</p>	<p>Care managers do not approve authorization requests. It is the responsibility of the HCBS provider to discuss F/S/D with the participant/family/care manager and receive agreement to move forward. Once the Authorization Request has been finalized in the portal, care managers will receive notice of this finalization in their next Daily Digest.</p>
<p>Authorization Process</p>	<p>What if the MCO only Partially approves the hours do we change the Authorization?</p>	<p>If the MMCP only partially approves the requested hours, the HCBS provider will update the F/S/D of the authorization on the Approval tab to reflect the approval issued by the Plan. The HCBS provider will</p>

		also upload the formal approval letter/document issued by the MCO.
Authorization Process	As far as entering in existing authorizations into the portal after it opens up, how far back are we to go? Is this just moving forward that it should be entered for new authorizations after 10/21 date? Please clarify what needs to be entered and backdated.	Previously issued/currently active authorizations are not required to be reported in the portal currently. Only authorization requests made on or after 10/21 are expected to be reported to the Referral and Authorization Portal.
Authorization Process	We sometimes get a partial approval with a different date range than originally requested. Will we have the option to edit the date range as well?	Yes. The authorization effective dates can be adjusted on the Approval tab of the authorization. Also on this tab, the HCBS provider will also upload the formal approval issued by the MCO.
Policy	Are we required to keep authorization information in our agency medical record?	Currently, communication and submission to MMCPs will take place outside of the portal. This communication and tracking of submissions must be maintained in the participant record. All information related to HCBS authorization must be made available for audit, as requested.
Policy	Can you give guidance as to which documents need to be attached to an authorization request?	The attachments tab is currently optional for MMCP participants, since the authorization submission to the MMCP is still outside the Portal. For FFS participants, it's expected that providers upload documentation to support service necessity and medical necessary, as required.
Policy	Do we have to update the authorization if the staff member changes?	No, staff member reported on the authorization is the staff member assigned at the time of the authorization submission. If the staff member changes, a new authorization is not needed, unless the staff change results in a change in authorization needs (i.e. change in F/S/D, change from CFASS level 1 to level 2, etc.).
Policy	Can this authorization just be used as a service plan -	The authorization and service plan have different purposes and requirements.

	it is requesting all of the same info?	While they share some information, the authorization form doesn't include all details needed for a complete HCBS service plan. The information on the authorization can and should be used to build an HCBS service plan.
Policy	What if the CFASS provider level changes from Level 1 to Level 2 or vice versa? Do we have to complete a new authorization form? are we able to just email the MCO?	In this instance, if the staffing change is permanent, a new authorization would need to be submitted for CFASS at least 14 days before filing a claim for the service at a different level than what is currently authorized. Additional information on how to handle staffing changes for CFASS can be found in Appendix C of the Children's HCBS Authorization Instructional Guide .
Policy	For an authorization renewal, what date should be entered for the first service date?	If services have been continuously provided without discharge, the first date that the service was ever provided by the HCBS agency to the participant should be reported. If the participant was discharged from the agency, but was then re-referred and began receiving services from the same agency again, the first date of service should reflect the date that the participant began receiving services from the agency after the re-referral.
Policy	Will only certain credentials be allowed to complete the form?	DOH does not set requirements on staff qualifications for completion of HCBS authorization requests.
System Features	Will the authorization form in Referral Portal have the ability to download to send to the MCO?	Yes. The portal offers users the capability to download the authorization request. This functionality is accessible on the HCBS Services Tab of the Child Case Page.
System Features	Is there a way to add a feature where the consent can be uploaded into Referral and Authorization Portal with the referral?	A future release will allow additional upload features. Please note: Uploading/sharing the care manager consent form is not a necessary part of the HCBS referral or authorization process. HCBS providers are not required to be included in the care manager's consent in order to send them a referral. If

		additional information will be shared (i.e. after an HCBS provider has accepted a referral and been selected as a provider) the care manager will need to update their consent to include the selected HCBS provider to allow for sharing of additional information/documentation.
System Features	Will this information prepopulate for each authorization when it is completed once or will this information have to be entered in each time for each service the youth is receiving?	Several fields will be pre-populated from various systems (MAPP, UAS, etc.) providing participant information for each authorization. Information that is authorization specific (i.e. service goals, objectives, etc.) will also be pre-populated on future authorizations in the system. It is the responsibility of the HCBS provider to review all information and make updates as necessary prior to authorization/re-authorization submission.
System Features	Is there a 30-minute unit option in the drop down? Palliative Care counseling and Support is a 30 minute billing unit. Also, is there episodic for the Bereavement Service? That is billed as a one-time lump sum.	For services billed in 30-minute units or episodic units, these options will be accessible through the portal within the F/S/D tab of the Authorization Section.
System Features	Are care managers able to see and print authorizations, or is this exclusive to the HCBS provider?	Yes, care managers have access to view authorizations that are not in draft status. Additionally, they have the capability to print the authorization. Once the authorization has F/S/D authorized and entered by the HCBS provider, the CM can view this as well.
System Features	Can care managers have access to the "attachments" tab?	After an authorization is submitted, care managers will have access to the "attachments" tab. Care managers will only be able to view these documents, and will not have the ability to upload documents to this tab. A future feature will allow uploads from CMs.
System Features	Is there a plan to allow MCOs access to the portal?	Yes, there is a plan to allow Managed Care Organizations (MCOs) access to the

		Referral and Authorization Portal. This access is scheduled to be granted during a future release of the Referral and Authorization Portal.
System Features	Will the Authorization tab open up on the 14 days that it is due again and can reminders be set maybe 7 days before?	<p>Notification of upcoming deadline for re-authorizations will show in the HCBS provider's Daily Digest beginning 21 days prior to existing authorization expiration. This information can also be found on the system menu bar.</p> <p>For initial authorizations, the system will populate an alert on a participant's file if they do not have an authorization submitted after 30 days from being selected as the HCBS provider. This information can also be found on the system menu bar.</p>