



Department  
of Health

# HCBS Referral & Authorization Portal: Authorization Process

# Agenda

- ✓ Referral & Authorization Portal Development
- ✓ Updates
- ✓ Authorization Process
- ✓ Managed Care
- ✓ Fee-for-Service
- ✓ Notifications and Alerts
- ✓ Q&A

# HCBS Referral & Authorization Portal

In response to stakeholder and provider feedback, the development and implementation of the Referral & Authorization Portal has been broken up into four phases:

## 1. **New referrals for HCBS children/youth: Launched June 17, 2024**

Children/youth who are not currently receiving services, even if they have been previously referred to HCBS Providers, must be referred through the Referral Portal with a new referral.

## 2. **Connections for children/youth currently receiving services: Launched July 24, 2024**

Current children/youth receiving HCBS must be entered into the Referral & Authorization Portal. As such, a streamlined connection process has been developed to expedite the entrance of those already receiving HCBS into the Portal. Care managers and HCBS providers will work together to confirm children/youth already enrolled and receiving services. **DOH plans to discontinue Short Form Connection features October 31, 2024.**

## 3. **Authorization Process: Will launch October 21, 2024**

The authorization form will be integrated into the Referral & Authorization Portal on October 21st. HCBS providers will document their service authorization request and then enter the MMCP response. DOH will moderate Fee-For-Service (FFS) Authorizations.

## 4. **MMCP Access to the Referral & Authorization Portal: Planned for November 2024**

Medicaid Managed Care Plans (MMCP) will obtain access to the Portal to view children/youth's complete referral, authorization, and those waiting for services. Integration with other MMCP systems needs further discussion.

# Referral & Authorization Portal Development

# Consent to Make a Referral

**Reminder** to Health Home and C-YES care managers that consent is needed to make a referral.

An attestation will be added to the Referral process within the Portal to verify that the care manager received consent to send the referral, and the information obtained on the referral form. **Without written consent** on the Health Home consent of the DOH 5201, additional documents cannot be shared with HCBS providers.

When educating and sharing information about the services and choice of HCBS providers within the participant's county, the care manager should share an overview of the referral process, options of providers, and priority of providers by choice of the participant/family.

This consent can be verbal and must be documented in the case record.

The previous paper HCBS Referral form had the following attestation: "I attest that the member has elected to receive all HCBS requested above."

Additional information was provided on the October 1, 2024, [HCBS Service Referral Process & Expectations](#) webinar.

# Short Form Connections

Short Form Connections were developed to ensure all existing children/youth who were already receiving services prior to the launch of the HCBS Referral & Authorization Portal on June 17, 2024, were entered into the system in preparation for the Authorization portion of the Portal.

Additionally, since a paper Referral Form was already submitted to HCBS providers, the Short Form Connection aimed to lessen the burden for care managers and HCBS providers.

**The ability to utilize the Short Form Connection function will end on October 31, 2024.**

Any child/youth receiving HCBS will not be able to continue HCBS at the time of HCBS re-authorization until a full Referral is completed within the system and the current HCBS provider is selected.

Additional information surrounding the Short Form Connection is located [here](#).

# Short Form Connections

All Short Form Connections must be created in the portal by October 31, 2024.

~7,000

Number of children/youth **added** via Short Form Connections or a full Referral as of October 1, 2024

~1,000

Number of children/youth **still waiting to be added** via Short Form Connections as of October 1, 2024

# Updated Children's Services Menu

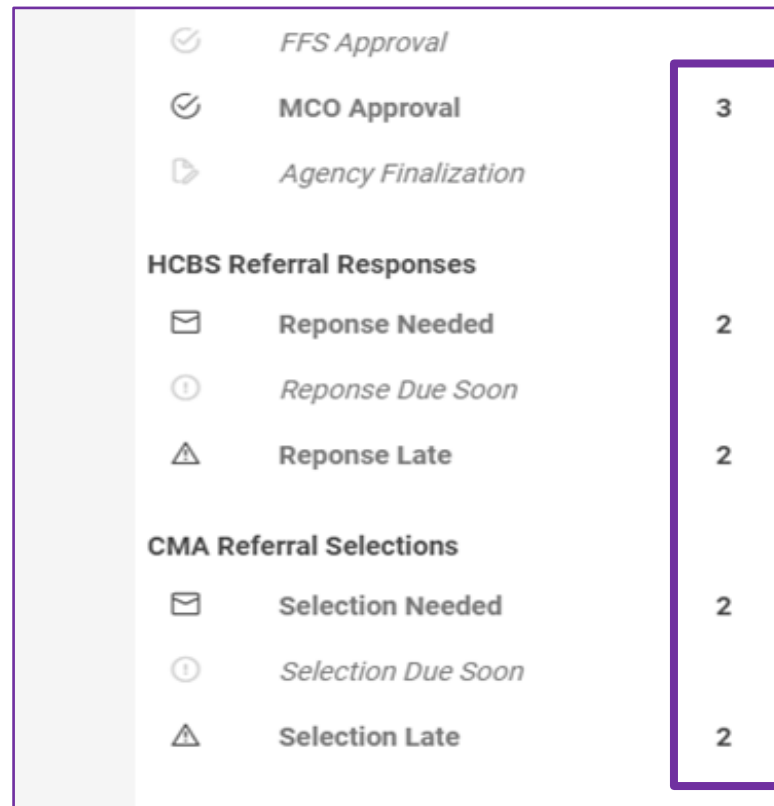
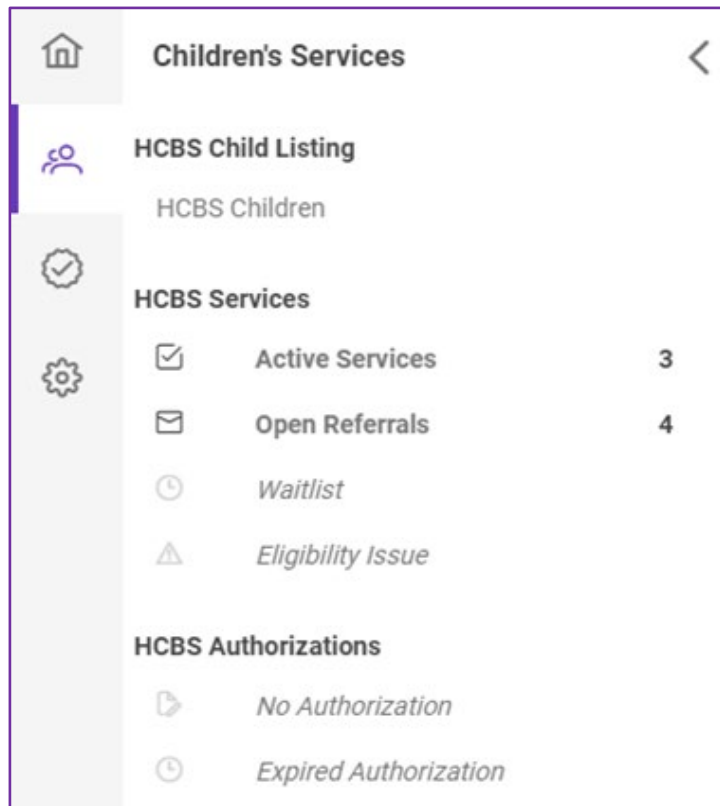
Upon log-in to the system, a new Children's Services menu is available. This new menu can be used by users to quickly navigate to the following sections of the Portal:

**\*HCBS Services**

**\*HCBS Referral Responses**

**\*HCBS Authorizations**

**\*CMA Referral Selections**



Sections with outstanding items will be marked with informational notifications.



# Authorization Process

# Fee-for-Service Authorization

**Note:** The NYS Department of Health will be implementing a Fee-for-Service (FFS) Authorization process.

The Referral & Authorization Portal will include FFS authorization.

# 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 by 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.

# 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.
- Authorizations are not active until they have been approved/authorized by the MMCP or FFS.
- 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 OMIG referral may occur if billing occurs without proper authorization*

# Authorization Process

HCBS providers with a **Manage Child Referral** role can access Authorization features in the Portal.

- To begin the Authorization process, the HCBS provider will navigate to the **Child Case Page** to confirm all participant information is accurate and up to date before proceeding with completing an authorization request.
- Authorizations can only be submitted for active services.
  - **Active Services** means a referral has been entered in the Referral & Authorization Portal and an HCBS provider has been selected to provide the services.
- After confirming information is up-to-date on the **Child Case Page**, the **HCBS Service** tab will need to be selected to begin the Authorization.

# Authorization Process – Child Case Information Tab

<b>Name</b> [REDACTED]	<b>CIN</b> [REDACTED]	<b>DOB</b> [REDACTED]	<b>Age</b> 13	<b>Sex</b> FEMALE	<input checked="" type="checkbox"/> <b>Medicaid Expiration</b> 12/31/9999
<input checked="" type="checkbox"/> <b>HCBS Enrollment</b> Serious Emotional Disturbance K1: 07/01/2021 - 12/31/9999 KK: Not Active	<input checked="" type="checkbox"/> <b>Latest Assessment</b> <b>HCBS Eligible</b> HAND-IN-HAND DEVELOPMENT, INC. Outcome Date: 08/18/2023		<b>Fiscal County</b> New York City County		<b>HCBS Designated County</b> New York County
<b>Child Case Information</b>	<b>HCBS Services</b>				
<b>Medicaid Program</b>					
<b>Health Home</b> THE COLLABORATIVE FOR CHILDREN AND	<b>CMA</b> HAND IN HAND DEVELOPMENT INC	<b>Managed Care Plan</b> HEALTH FIRST PHSP INC			
<b>Address</b> 90 LORIMER ST 6C BROOKLYN, NY 11206	<b>Contact Phone</b> (718) 782-2805	<b>Residence County</b> New York City			
<b>Child Information</b>					
<i>Complete</i>					
<b>Residence Address</b> [REDACTED]	<b>Primary Diagnosis</b> Severe intellectual disability	<b>Preferred Name</b> Not Specified			
<b>Contact Info</b> [REDACTED]	<b>Languages</b> English	<b>Pronouns</b> Not Specified			

# Authorization Process – HCBS Services Tab

HCBS providers will start the authorization process on the **HCBS Services** tab of the **Child Case Page**. The HCBS Provider will navigate to the service that requires an authorization by clicking **Create Authorization**. Authorizations can only be submitted for active services.

Child Case Information
HCBS Services

### HCBS Services

#### Caregiver/Family Advocacy and Support Services

Referral ID	Referred By	Referral Date	Selection Date	
1526	JEMCARE LLC	09/17/2024	09/17/2024	<b>CLOSED</b>

Referred Agencies

Agency	Response Due	Response Made	Expiration Date	Status
Abbott House	09/24/2024	09/17/2024		<b>SELECTED</b>

Authorized Services

The authorization is incomplete.

**ACTIVE**

Service Menu

- [Service History](#)
- [Create Authorization](#)
- [Discharge Child](#)

If authorization is needed for multiple services, authorization for each service will be requested individually.

# Authorization Process

The authorization submission process will take the HCBS provider through multiple tabs. Each tab must be completed in order to be able to progress to the next tab. For the provider to complete the Authorization to submit to the MMCP or FFS, all tabs must be reviewed, and all information must be entered minimally on the F/S/D, Goals, Provider, and Review tabs.

On the **F/S/D tab**, the HCBS provider will enter the First Date of Service, Authorization Begin Date, and Authorization End Date by using the calendar drop-down in each section.

All three fields are required.

The screenshot displays the 'F/S/D' tab of the authorization process. The 'Authorization Dates' section contains three required fields: 'First Date of Service\*', 'Authorization Begin Date\*', and 'Authorization End Date\*'. The 'First Date of Service\*' field is currently set to 09/01/2024 and has a calendar icon to its right. A calendar for September 2024 is open, showing the date 1st highlighted. The 'Authorization Begin Date\*' field is set to 10/30/2024, and the 'Authorization End Date\*' field is set to 03/30/2025. Below the date fields, there is an 'Edit Summary' button and three summary statistics: 'Total Visits: 44', 'Total Hours: 44', and 'Total Units: 176'.

Providers continue to be required to notify the care manager (HHCM/C-YES) and MMCP within **one day** of scheduling the first appointment. **This notification takes place outside of the portal.**



# Authorization Process

HCBS Service Authorization ×

Child Information

Name	Sex	Age	Service County	HCBS Service
██████████	MALE	18	Orange County	Prevocational Services

Referral **F/S/D** Goals Provider Review Approval Attachments

Authorization Dates

First Date of Service*	Authorization Begin Date*	Authorization End Date*	Begin Authorization
<input type="text"/>	<input type="text"/>	<input type="text"/>	

October 2024 < >

Su	Mo	Tu	We	Th	Fr	Sa
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

× Cancel Next: Goals & Objectives →

The Authorization Begin Date should reflect the day the authorization period will begin. The Begin Date must be **at least 14 days out** from the day the authorization request is being submitted.

# Authorization Process

Authorization Dates

First Date of Service\* Authorization Begin Date\* Authorization End Date\*

Begin Authorization

× Cancel Next: Goals & Objectives →

The Authorization End Date should reflect the last day of the authorization period. **The authorization period cannot exceed 6 months.**

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

After the three fields have been completed, providers can click **Begin Authorization**.

Authorization Dates

First Date of Service\* Authorization Begin Date\* Authorization End Date\*

10/10/2024 09/30/2024 02/10/2025

Begin Authorization

# Authorization Process

After clicking **Begin Authorization**, additional boxes will appear on the F/S/D tab.

Here, the provider will include a justification for the authorization request and details on planned F/S/D of service delivery.

F/S/D   Goals   Provider   Review   Approval   Attachments

Authorization Dates

First Date of Service: Oct 1, 2024   Authorization Begin Date: Oct 1, 2024   Authorization End Date: Oct 31, 2024   [Edit Dates](#)

Justification for Authorization

Provide rationale (service necessity) for the proposed frequency, scope and duration\*

Authorization Services

Total Visits: 0   Total Hours: 0   Total Units: 0

Caregiver/Family Advocacy and Support Services (H2015)  
Caregiver/Family Advocacy and Support Services Level 2

Scope	Frequency	Modality	Unit Type

[+ Add Scope/Frequency](#)

[Permanently Delete Authorization](#)   [Cancel](#)   [Next: Goals & Objectives →](#)

The HCBS provider will click **+ Add Scope/Frequency** to add these details

# Authorization Process

In the Frequency/Scope box, HCBS providers will specify the Scope (Hours or Minutes), Frequency (Every Week, Every 2 Weeks, Every 3 Weeks, or Every Month), and Modality of the Service (Individual or Group) using the drop-down menus.

Frequency/Scope ×

**Scope\***

How long is each session?

1 Hours ▾

**Frequency\***

How often are the sessions?

2 Hours

Minutes

**Modality\***

How many people are in each session?

👤 Individual 👥 Group

**Unit Type\***

How are units defined?

15 Minute

💾 Save × Cancel

Frequency/Scope ×

**Scope\***

How long is each session?

1 Hours ▾

**Frequency\***

How often are the sessions?

2 Every Week ▾

Every Week

Every 2 Weeks

Every 3 Weeks

Every Month

**Modality\***

How many people are in each session?

👤 Individual 👥 Group

**Unit Type\***

How are units defined?

15 Minute

💾 Save × Cancel

Frequency/Scope ×

**Scope\***

How long is each session?

Hours ▾

**Frequency\***

How often are the sessions?

Every Week ▾

**Modality\***

How many people are in each session?

👤 Individual 👥 Group

**Unit Type\***

How are units defined?

15 Minute

💾 Save × Cancel

# Authorization Process

For services with multiple unit types, such as *Planned Respite*, the Unit Type can also be adjusted between 15 Minutes or Per Diem. Some services do not contain multiple units, such as *Community Habilitation*, and will not allow the Unit Type to be edited.

## Planned Respite

Frequency/Scope ✕

**Scope\***  
How long is each session?

1 Hours ▼

**Frequency\***  
How often are the sessions?

1 Every Week ▼

**Modality\***  
How many people are in each session?

Individual  Group

**Unit Type\***  
How are units defined?

15 Minute ▼

15 Minute

Per Diem

## Community Habilitation

Frequency/Scope ✕

**Scope\***  
How long is each session?

1 Hours ▼

**Frequency\***  
How often are the sessions?

1 Every Week ▼

**Modality\***  
How many people are in each session?

Individual  Group

**Unit Type\***  
How are units defined?

15 Minute

# Authorization Process

Providers should enter all applicable F/S/D for each service.

If, for example, Individual Respite is provided once a week and Group Respite is provided once a month, each should be entered separately on the authorization.

## Individual Respite

Frequency/Scope ×

**Scope\***  
How long is each session?

1 Hours ▼

**Frequency\***  
How often are the sessions?

1 Every Week ▼

**Modality\***  
How many people are in each session?

Individual  Group

**Unit Type\***  
How are units defined?

15 Minute ▼

15 Minute

Per Diem

## Group Respite

Frequency/Scope ×

**Scope\***  
How long is each session?

1 Hours ▼

**Frequency\***  
How often are the sessions?

1 Every Month ▼

**Modality\***  
How many people are in each session?

Individual  Group

**Unit Type\***  
How are units defined?

15 Minute

×



# Authorization Process

Once the Frequency and Scope have been entered, a summary of the requested F/S/D can be seen on the F/S/D tab

Authorization Services

Total Visits: 36   Total Hours: 36   Total Units: 144

**Community Habilitation (H2014)**  
Community Habilitation

Scope	Frequency	Modality	Unit Type	Visits	Hours	Units	
1 Hours	2 Every Week	Individual	15 Minute	36	36	144	<a href="#">+ Add Scope/Frequency</a>  
Total Authorization for H2014				36	36	144	

Authorization Dates, Justification, and Service Authorization Details must all be saved in order to proceed to the next page. Once all information is entered and saved, the provider will click **Next: Goals & Objectives** to proceed to the next tab.

✕ Cancel

Next: Goals & Objectives →

# Authorization Process

On the **Goals** tab, the HCBS provider will add service goals and objectives. Goals must be Specific, Measurable, Attainable, Relevant and Timely (SMART).

Each service must have at least one goal and each goal must have one or more objective(s).

Child Information

Name	Sex	Age	Service County	HCBS Service
[REDACTED]	MALE	18	Orange County	Community Habilitation

F/S/D   **Goals**   Provider   Review   Approval   Attachments

Goals and Objectives

Add Goal
  
Add Objective

**Goal**

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec, pellentesque eu, pretium quis, sem. Nulla consequat massa quis enim. Donec pede justo, fringilla vel, aliquet nec, vulputate eget, arcu. In enim justo, rhoncus ut, imperdiet a, venenatis vitae, justo. Nullam dictum felis eu pede mollis pretium. Integer tincidunt. Cras dapibus. Vivamus elementum semper nisi. Aenean vulputate eleifend tellus. Aenean leo ligula, porttitor eu, consequat vitae, eleifend ac, enim. Aliquam lorem ante, dapibus in, viverra quis, feugiat a, tellus. Phasellus viverra nulla ut metus varius laoreet. Quisque rutrum. Aenean imperdiet. Etiam ultricies nisi vel augue. Curabitur ullamcorper ultricies nisi. Nam eget dui. Etiam rhoncus. Maecenas tempus, tellus eget condimentum rhoncus, sem quam semper libero, sit amet adipiscing sem neque sed ipsum. Nam quam nunc, blandit vel, luctus pulvinar, hendrerit id, lorem. Maecenas nec odio et ante tincidunt tempus. Donec vitae sapien ut libero venenatis faucibus. Nullam quis ante. Etiam sit amet orci eget eros faucibus tincidunt. Duis leo. Sed fringilla mauris sit amet nibh. Donec sodales sagittis magna. Sed consequat, leo eget bibendum sodales, augue velit cursus nunc,

1   Not Met   Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec, pellentesque eu, pretium quis, sem. Nulla consequat massa quis enim. Donec pede justo, fringilla vel, aliquet nec, vulputate eget, arcu. In enim justo, rhoncus ut, imperdiet a, venenatis vitae, justo. Nullam dictum felis eu pede mollis pretium. Integer tincidunt. Cras dapibus. Vivamus elementum semper nisi. Aenean vulputate eleifend tellus. Aenean leo ligula, porttitor eu, consequat vitae, eleifend ac, enim. Aliquam lorem ante, dapibus in, viverra quis, feugiat a, tellus. Phasellus viverra nulla ut metus varius laoreet. Quisque rutrum. Aenean imperdiet. Etiam ultricies nisi vel augue. Curabitur ullamcorper ultricies nisi. Nam eget dui. Etiam rhoncus. Maecenas tempus, tellus eget condimentum rhoncus, sem quam semper libero, sit amet adipiscing sem neque sed ipsum. Nam quam nunc, blandit vel, luctus pulvinar, hendrerit id, lorem. Maecenas nec odio et ante tincidunt tempus. Donec vitae sapien ut libero venenatis faucibus. Nullam quis ante. Etiam sit amet orci eget eros faucibus tincidunt. Duis leo. Sed fringilla mauris sit amet nibh. Donec sodales sagittis magna. Sed consequat, leo eget bibendum sodales, augue velit cursus nunc,



# Service Goals and Objectives

1 Goals must be Specific, Measurable, Attainable, Relevant and Timely (SMART).

2 The Goals must be specific to the Service definition and what is allowable for the service. Goals should have an overall projected timeframe.

3 Objectives must be specific in how the service will be provided. There may need to be multiple objectives to accomplish one goal, and each objective might have different timeframes based on the specific activities or tasks that will be provided.

4 Reference Resource [Children's Waiver HCBS Authorization and Care Manager Notification Form Instructional Guide \(ny.gov\)](#)

# Authorization Process

The HCBS provider must indicate if each goal was **Not Met**, **Partially Met**, **Complete**, or **No Longer Applicable**. Goals that are newly established should be categorized as **Not Met**. The **No Longer Applicable** status should be used for previous goals that have not been completed but are no longer needed.

HCBS Service Authorization

Submit  
Aaron Roe  
09/20/2024

Approve  
Aaron Roe  
09/20/2024

Final  
Aaron Roe  
09/20/2024

Child Information

Name [REDACTED]	Sex MALE	Age 18	Service County Orange County	HCBS Service Prevocational Services
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Referral F/S/D **Goals** Provider Review Attachments

Goals and Objectives

*There must be at least one goal, and every goal must have at least one objective*

Add Goal

Goal

Add Objective

Test Goals

1 Partially Met

Not Met

Partially Met

Complete

No Longer Applicable

Cancel Next: Provider →

The HCBS provider must **Save** the goals and objectives, before selecting **Next: Provider**.

# Authorization Process

On the **Provider** tab, the HCBS provider will report Site Location, HCBS Agency Contact, and HCBS Provider contact information.

### HCBS Service Authorization

Submit  
Aaron Roe  
09/20/2024 Approve  
Aaron Roe  
09/20/2024 Final  
Aaron Roe  
09/20/2024

#### Child Information

<b>Name</b> [REDACTED]	<b>Sex</b> MALE	<b>Age</b> 18	<b>Service County</b> Orange County	<b>HCBS Service</b> Prevocational Services
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Referral   F/S/D   Goals   **Provider**   Review   Attachments

#### Site Location

Site Location\*

Select Site Location

#### HCBS Agency Contacts

There are no care team members assigned to this child.

[Add HCBS Contact](#)

#### HCBS Service Providers

There are no providers assigned to this child.

[Add HCBS Provider](#)

[Cancel](#) [Next: Review & Send →](#)

# Authorization Process

To add an HCBS Agency Contact, click **Add HCBS Contact**.

HCBS Agency Contacts

There are no care team members assigned to this child.

[Add HCBS Contact](#)

When the HCBS Provider clicks **Add HCBS Contact**, the Care Team Members section will appear. The drop-down menu is available to select an existing staff member or add a new staff member. At least one contact must be marked as the **Primary Contact** before proceeding.

Care Team Members

[Edit Staff](#)

Care Team Members Information

Please select an HCBS Agency Contact or add a new one to your organization

Select Staff

Primary Contact

[Cancel](#) [Save](#)

# Authorization Process

To add an HCBS Service Provider (staff who will providing the service), click **Add HCBS Provider**.

HCBS Service Providers

 Add HCBS Provider

There are no providers assigned to this child.

When the HCBS Provider clicks **Add HCBS Providers**, the HCBS Service Provider section will appear. The drop-down menu is available to select an existing staff member or add a new staff member.

HCBS Service Providers

×

 Edit Staff


HCBS Service Provider Information

Please select a HCBS Provider or add a new one to your organization

Select Staff



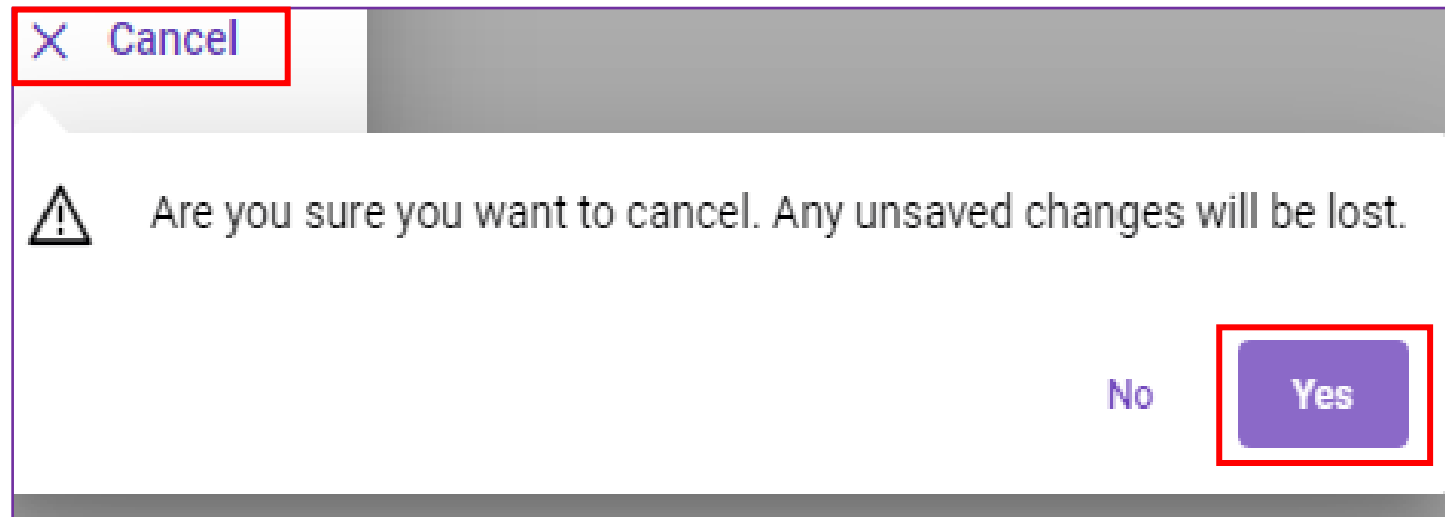
× Cancel

 Save

The HCBS provider may only move to the **Review** tab once they have added HCBS contacts.

# Authorization Process

At any time, the HCBS provider can exit out of the authorization without saving by pressing the **Cancel** button on any tab.



To delete an Authorization request, the HCBS provider can select **Permanently Delete Authorization** on the F/S/D tab.

⊗ Permanently Delete Authorization

× Cancel

Next: Goals & Objectives →

# Authorization Process

The **Review** tab will provide a snapshot of the information entered by the HCBS provider. The HCBS provider must review the page and then complete the two attestations before pressing **Submit**.

HCBS Service Authorization

Referral F/S/D Objectives Provider **Review** Approve

Authorization Dates

First Service Date: 10/31/24      Authorization Begin Date: 10/11/24      Authorization End Date: 3/30/25

Frequency and Scope

Procedure Code	Units	Hours	Visits
Total	200	50	25
H2014	200	50	25

Authorization Summary

Summarize the Frequency/Scope/Duration  
test frequency, scope, and duration

Goal / Objectives Details

Goal

Test goals and objectives

1	Not Met	Test goals and objectives
---	---------	---------------------------

Site Location: Abbott House  
1775 Grand Concourse, Bronx, NY, 10462

HCBS Agency Contact: • Test Staff

HCBS Service Providers: • Test Staff

By checking this box, I attest that the member has elected to receive all HCBS requested above, in the amount of frequency, scope, and duration and for re-authorization of services.

Cancel Submit

The **Submit** button can only be selected after the attestations have been checked.

# Authorization Process

As the HCBS provider attested to before submitting, authorizations for MMCP enrolled participants are required to be sent to the MMCP securely outside of the portal. HCBS providers can download the authorization as a PDF from the portal.

The authorization can be printed by selecting **Service History** from the **HCBS Services Tab** of the **Child Case Page**.

Community Habilitation ACTIVE

Referral ID 1201	Referred By HAND IN HAND DEVELOPMENT INC	Referral Date 06/19/2024	Selection Date 09/23/2024	<span>CLOSED</span>	<a href="#">View Referral</a>	Service Menu <a href="#">Service History</a> <a href="#">Create Authorization</a> <a href="#">Discharge Child</a>
Auth ID 1064	HCBS Agency Abbott House	Service Duration 10/15/24 - 2/15/25		<span>SUBMITTED</span>	<a href="#">View Authorization</a>	
Submit Date 10/9/24						

Community Habilitation History

Refer ID: 1201	<span>CLOSED</span>	Referred: 6/19/24	Abbott House	<a href="#">View Referral</a>	<a href="#">Service History</a>
Auth ID: 1064	<span>SUBMITTED</span>	Submitted: 10/9/24	Duration: 10/15/24 - 2/15/25	Submitted Units: 144	<a href="#">Print</a>



# Authorization Process

ONLY Authorizations generated in the Referral & Authorization Portal will be allowable for MMCP and FFS authorization after the launch of the Authorization portion of the Portal.

MMCPs and FFS personnel will be instructed to deny all other forms of authorization.

As mentioned, submitting Authorizations for review and authorization by the MMCP will be conducted outside the Portal at this time, current submission processes remain in effect.

# Authorization Process

The **Attachments** tab is used to upload supporting documentation in relation to the child/youth's service needs.

**Note:** Currently this upload function is only for Authorization supporting documentation.

HCBS Service Authorization ✕

**Authorization**

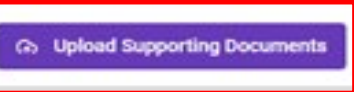
Authorization ID 1234	Agency Abbott House	Status <b>SUBMITTED</b>
Submit Aaron Roe 09/20/2024	Approve Aaron Roe 09/20/2024	Final Aaron Roe 09/20/2024

**Child Information**

Name ██████████	Sex MALE	Age 18	Service County Orange County	HCBS Service Prevocational Services
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Referral   F/S/D   Goals   Provider   Review   **Attachments**

**Supporting Documents**



✕ Close

# Authorization Process

To return to the Authorization at any time, the HCBS provider can navigate to the HCBS Services Tab of the **Child Case Page**. Under the specific service, the provider can select **View Authorization**.

Child Case Information HCBS Services

## HCBS Services

**Caregiver/Family Advocacy and Support Services** ACTIVE

**Connection ID** 1544     
 **Connection Requested By** HAND IN HAND DEVELOPMENT INC     
 **Connection Date** 09/19/2024     
 **Selection Date** 09/19/2024     
 CLOSED

[View Referral](#)

**Auth ID** 1040     
 **HCBS Agency** Abbott House     
 **Service Duration** 10/11/24 -3/30/25     
 SUBMITTED

**Submit Date** 9/30/24

[View Authorization](#)

**Service Menu**

- [Service History](#)
- [Create Authorization](#)
- [Discharge Child](#)

Procedure Code	Submitted Units	Approved Units
<b>Total</b>	200	
H2014	200	
H2015	0	

# Authorization Process

Once an authorization has been Submitted in the portal, a **Submitted** icon will appear next to the service and on each tab of the authorization.

### HCBS Service Authorization ✕

**Authorization**

<b>Authorization ID</b> 1234	<b>Agency</b> Abbott House	<b>Status</b> <span style="border: 2px solid red; padding: 2px 5px; color: white; background-color: green;">SUBMITTED</span>
<b>Submit</b> Aaron Roe 09/20/2024	<b>Approve</b> Aaron Roe 09/20/2024	<b>Final</b> Aaron Roe 09/20/2024

**Child Information**

<b>Name</b> ██████████	<b>Sex</b> FEMALE	<b>Age</b> 15	<b>Service County</b> New York County	<b>HCBS Service</b> Caregiver/Family Advocacy and Support Services
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**Referral**   F/S/D   Goals   Provider   Review   Approval   Attachments

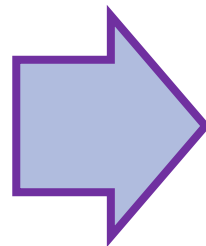
**Referral Details**

<b>Desired Goals/Needs to Be Addressed</b> knowledge on goals	<b>Known Barriers and Strategies</b> None Specified
	<b>Family Preferences</b> None Specified
	<b>Additional Comments</b> None Specified

# Managed Care

# Authorization Submission – MMCP

Initially, MMCPs will not have access to the Portal. All authorizations generated within the portal will need to be **downloaded and submitted to the MMCP outside of the portal**, through a secure mechanism agreed upon by the MMCP and HCBS provider.



After receiving and authorization determination from the MMCP, the HCBS provider will **return to the Portal** and enter if the authorization is approved, partially approved, or denied, finalizing the authorization.

# Authorization Process

Once the HCBS provider receives a response from the MMCP they will return to the Approval tab of the authorization to report the authorization determination.

The **!** alert will indicate that the authorization has not been finalized and requires authorization determination information.

HCBS Service Authorization

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Authorization

<b>Authorization ID</b> 1060	<b>Agency</b> Abbott House				<b>Status</b> SUBMITTED
<b>Submission</b> Carissa Horton 10/08/2024	<b>Approval</b> N/A	<b>Finalization</b> N/A			

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Child Information

<b>Name</b> Appel, Gedalye	<b>Sex</b> MALE	<b>Age</b> 18	<b>Service County</b> Orange County	<b>HCBS Service</b> Planned Respite
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F/S/D   Goals   Provider   Review   **Approval** ⓘ   Attachments

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Authorization

# MMCP Response

The HCBS provider will indicate the authorization they received from the MMCP of **Fully Approved**, **Partially Approved**, or **Denied** and upload the determination notice on the Approve tab.

HCBS Service Authorization

Authorization

Authorization ID: 1234      Agency: Abbott House      Status: **SUBMITTED**

Submit: Aaron Roe, 09/20/2024      Approve: Aaron Roe, 09/20/2024      Final: Aaron Roe, 09/20/2024

Child Information

Name: [REDACTED]      Sex: FEMALE      Age: 15      Service County: New York County      HCBS Service: Caregiver/Family Advocacy and Support Services

Referral    F/S/D    Goals    Provider    Review    **Approval**    Attachments

Authorization

Fully Approved     Partially Approved     Denied

Authorization Dates

Authorization Begin Date: 11/22/24      Authorization End Date: 1/4/25

Frequency and Scope

Procedure Code	Approved Units	Submitted Units	F/S/D Totals		
			Units	Hours	Visits
Total		--Submit total here--	56	14	14
H2014		--Add submit units here--	56	14	14

Close Finalize



# Children/Youth in a MMCP

**If the MMCP fully approves the authorization:** The provider will select **Fully Approved**. The system will automatically prefill with the full approved units from the authorization request. The provider will upload the MMCP's Authorization determination using the **Upload Approval Documents** button.

HCBS Service Authorization ×

Authorization

Fully Approved
  Partially Approved
  Denied

Authorization Dates

Authorization Begin Date: 11/22/24  
 Authorization End Date: 1/4/25

Frequency and Scope

Procedure Code	Approved Units	Submitted Units	F/S/D Totals		
			Units	Hours	Visits
Total		--Submit total here--	56	14	14
H2014	56	--Add submit units here--	56	14	14

× Close

# Children/Youth in an MMCP

If the MMCP partially approves the authorization: The HCBS provider will select **Partially Approved** and enter the approved units or hours into the text box on this tab to update the service F/S/D to align with the MMCP's approval. The provider will upload the MMCP's Authorization determination using the **Upload Approval Documents** button.

This is the notification to the care manager of the F/S/D.

HCBS Service Authorization

Fully Approved
  Partially Approved
  Denied

Authorization Dates

Authorization Begin Date: 11/22/24  
 Authorization End Date: 1/4/25

Frequency and Scope

Procedure Code	Approved Units	Submitted Units	F/S/D Totals		
			Units	Hours	Visits
Total		--Submit total here--	56	14	14
H2014	<input type="text"/>	--Add submit units here--	56	14	14

# Children/Youth in a MMCP

**If the MMCP denies the authorization:** The HCBS provider will select **Denied**. The system will automatically enter zero (0) approved units. The provider will upload the MMCP's Authorization determination using the **Upload Approval Documents** button.

HCBS Service Authorization ×

Fully Approved
  Partially Approved
  Denied

Authorization Dates

Authorization Begin Date: 11/22/24  
 Authorization End Date: 1/4/25

Frequency and Scope

Procedure Code	Approved Units	Submitted Units	F/S/D Totals		
			Units	Hours	Visits
Total		--Submit total here--	56	14	14
H2014	0	--Add submit units here--	56	14	14

× Close

Once this information is entered and finalized, it will be available to view by the HHCM/C-YES. A notice that this information is now available will be included in the next day's HHCM/C-YES Daily Digest.

# Fee-for-Service

# Fee-for-Service

As mentioned, DOH will be issuing a policy to begin reviewing and authorizing HCBS F/S/D for Fee-for-Service (FFS) participants.

Therefore, the Portal will include a Fee-for-Service (FFS) authorization process. The MMCP and FFS Authorization process and information entered by the HCBS provider will be the same, except at the authorization step. DOH will enter the Referral & Authorization Portal and determine if the authorization is approved, partially approved, or denied.

HCBS providers will receive a notification when DOH issues an authorization determination. After receiving this notification, the HCBS provider will re-enter the portal to review the determination and make adjustments to F/S/D, if needed.

Once this information is entered and finalized, it will be available to view by the HHCM/C-YES. A notice that this information is now available will be included in the HHCM/C-YES Daily Digest.

Additional information about the FFS authorization process will be provided through a FFS authorization policy, scheduled for release shortly.

# Authorization Process

Once the HCBS provider receives a response from DOH they will return to the Approval tab to review the authorization determination and make any needed adjustments to finalize the authorization.

### HCBS Service Authorization

**Authorization**

<b>Authorization ID</b> 1234	<b>Agency</b> Abbott House	<b>Status</b> SUBMITTED
<b>Submit</b> Aaron Roe 09/20/2024	<b>Approve</b> Aaron Roe 09/20/2024	<b>Final</b> Aaron Roe 09/20/2024

**Child Information**

<b>Name</b> [REDACTED]	<b>Sex</b> FEMALE	<b>Age</b> 15	<b>Service County</b> New York County	<b>HCBS Service</b> Caregiver/Family Advocacy and Support Services
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**Referral**   F/S/D   Goals   Provider   Review   **Approval**   Attachments

**Referral Details**

<b>Desired Goals/Needs to Be Addressed</b> knowledge on goals	<b>Known Barriers and Strategies</b> None Specified
	<b>Family Preferences</b> None Specified
	<b>Additional Comments</b> None Specified

# Approve F/S/D

Referral
F/S/D
Objectives
Provider
Review
Approve

**Authorization Dates**

<b>First Service Date</b>	<b>Authorization Begin Date</b>	<b>Authorization End Date</b>
9/1/24	9/1/24	9/30/24

Fully Approve
  Partially Approve
  Deny

**Frequency and Scope**

Procedure Code	Approved	Units	Hours	Visits
<b>Total</b>		80	20	10
H2014	<input style="width: 50px;" type="text"/>	80	20	10

Please update the F/S/D to be within 5 units of the final approval

Note: For DOH Only

Provide determination and explanation of approval or denial

The DOH user will determine the response to the authorization and indicate the approved units. DOH will also provide a written explanation justifying their response.

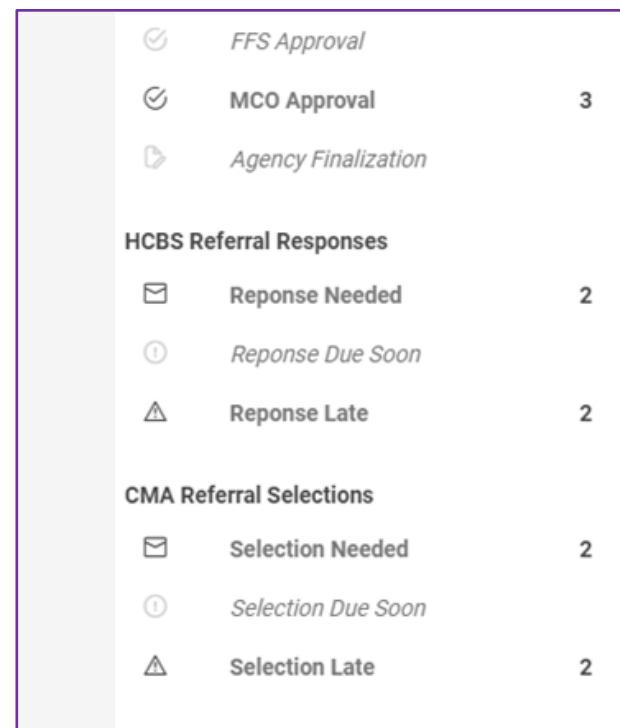
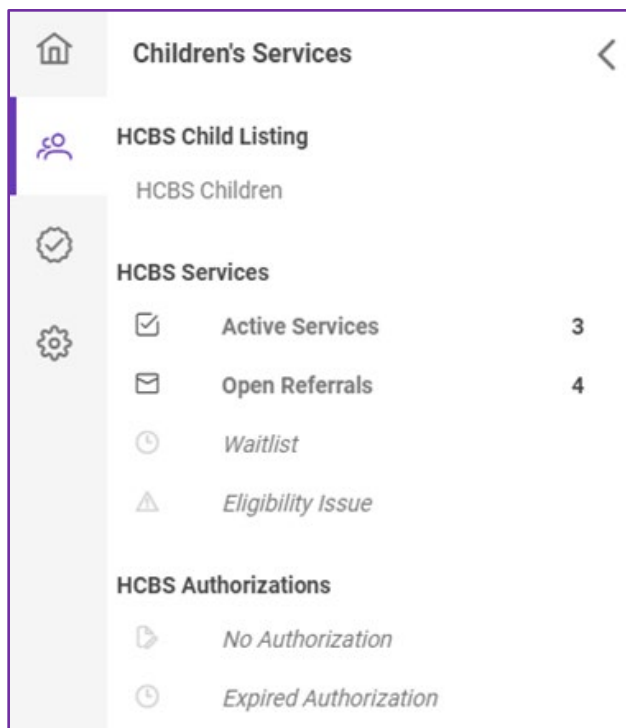
# Notifications and Alerts



# Updated Children's Services Menu

Upon log-in to the system, a new Children's Services menu is available. This new menu can be used by users to quickly navigate to the following sections of the Portal:

- HCBS Services
- HCBS Authorizations
- HCBS Referral Responses
- CMA Referral Selections



# Alerts and Actions

If a participant does not have an authorization in the system within 30 days from the date of provider selection, an alert will appear on the participant's record in the system indicating that the participant does not yet have an authorization.

Re-authorizations should be submitted at least 14 days prior to the end of the existing authorization period. If a participant no longer requires the service, the HCBS provider should notify the care manager and discharge the participant in the portal

If 30 days have past since the expiration of the authorization, the participant will be automatically discharged from the HCBS provider in the system. The Care Manager will be notified of this discharge through their next Daily Digest.

# Q&A

For additional questions on the HCBS Referral Portal, please reach out to [Health Homes](#) with a subject line of “IRAMS Questions only- No PHI”

[Click here](#) for the IRAMS page on DOH website

# For Questions/Issues

When users encounter issues within the portal, reach out to [Health Homes](#) and **include the URL of the issue** in your message. This allows DOH to review the exact situation and provide the best support.