Children's Home and Community Based Services (HCBS) Referral & Authorization Portal User Guide

Updated October 2024

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SECTION 1 – PORTAL ACCESS

I.   Accessing the System

The Children's HCBS Referral & Authorization Portal is located in the Incident Reporting & Management System (IRAMS) platform. IRAMS is accessed through the Health Commerce System (HCS). To learn more about accessing IRAMS through HCBS, users can reference the New York State Department of Health IRAMS Access Guide.

A.   User Guide Features

This manual uses various terms to describe the entities involved in managing HCBS referrals as well as the different status associated with segments of the referral process. A list of terms and referral status definitions is included in the Appendix of this document.

II.   Permissions and Roles Home Screen

A.   HCBS Provider, Care Manager, and Health Home Roles

Within the Referral & Authorization Portal, there are distinct roles that will allow Children's HCBS providers, care managers, and Health Homes to view and manage referrals. Below are the different role options:

HCBS Provider Roles	Permissions
Manage Child Referrals	Edit Child Case Page
	View and Respond to Referrals
	Discharge Services
	Create and Manage HCBS Authorizations
View Child Referral	View Child Case Page, Referral, Authorizations, and Statuses
IRAMS Gatekeeper	Grant Portal Permissions to Staff
Care Manager Roles	**Permissions**
Manage Child Referrals	Create and Manage/Edit Referrals
	Edit Child Case Page
	View Authorizations
View Child Referral	View Child Case Page, Referral, Authorizations, and Statuses
IRAMS Gatekeeper	Grant Portal Permissions to Staff
Health Home & DOH Roles	**Permissions**
View Child Referrals	View Child Referral

SECTION 2 – REFERRAL PROCESS

I.   Prior to Making a Referral

Once the Health Home (HH)/Children and Youth Evaluation Services (C-YES) Care Manager has established eligibility for the child/youth and discussed the necessary services with the child/youth and family, the HHCM/C-YES should enter the Referral & Authorization Portal to submit a referral for the needed HCBS.

- Care managers will only be able to view and make referrals for children/youth enrolled in care management with their agency within the portal
- Care managers (HHCM and C-YES) are the only users who can make referrals in the portal
- Health Homes will be able to see referrals and case information for all children/youth with their CMAs in the portal

Referrals **cannot be created** for children/youth in the following circumstances:
- Children/youth with expired HCBS Eligibility
- Children/youth without or expired Medicaid
- Children/youth without or expired K Codes

The care manager **must** have verbal consent from the child/youth/parent/guardian to send a referral to each agency. A DOH-5201 consent form/C-YES consent form is not needed to send a referral. A completed consent form is needed if sharing confidential PHI documentation beyond what is in the referral.

If a child/youth's eligibility status changes (i.e., loses Medicaid, disenrolls from the Waiver, etc.), the system will not automatically close/withdraw a referral for the child, but an alert will show in the system indicating the child/youth's circumstances (i.e., no Medicaid, no K1, etc.).
- HCBS providers cannot serve a child/youth who does not have active Medicaid or HCBS eligibility and enrollment. The care manager and HCBS provider should communicate as needed regarding status of the child/youth's circumstances.

If a child/youth has transferred Care Management Agencies, the new CMA will inherit the child/youth's case in the Referral & Authorization Portal.
- Once the case is transferred from one CMA to another in the Health Home Tracking System (HHTS), the child/youth's case will then transfer in IRAMS within 24 hours
- The new care manager will be responsible for completing any required next steps for the child/youth's referrals going forward
- The new care manager will not receive a notification within the Referral & Authorization Portal indicating a child/youth has been transferred to their agency, however, any action needed on the case will appear in the new care manager's Daily Digest email

For the HHCM/C-YES to make a referral, the HCBS Enrollment, Latest Assessment, and Medicaid Expiration must show a green check mark. A referral cannot be created without an active HCBS Eligibility, K1 code, or Medicaid eligibility.

If any of these three items become ineligible, a red minus sign will appear next to the header.

Upon completion of the HCBS LOC, the HHCM/C-YES will complete the Freedom of Choice form with the child/youth/family/caregiver.

The HHCM/C-YES will discuss each HCBS, including an overview of the intent of HCBS and requirements for participation, service names and descriptions, applicable service limitations/exclusions, and an overview of the HCBS referral process.

The HHCM/C-YES will work with the participant/family to identify which HCBS the family would like to receive and which HCBS provider(s) the child/youth/family would like a referral sent to.

Upon completion of the HCBS LOC, the HHCM/C-YES will complete the Freedom of Choice form with the child/youth/family/caregiver.

The HHCM/C-YES will discuss each of the HCBS, including an overview of the intent of HCBS and requirements for participation, service names and descriptions, applicable service limitations/exclusions, and overview of the HCBS referral process.

The HHCM/C-YES will work with the participant/family to identify which HCBS the family would like to receive and which HCBS provider(s) the child/youth/family would like a referral sent to.

In preparation to submit a referral, the HHCM/C-YES will obtain all of the needed information to complete a referral, including but not limited to:
- Child/youth availability for services (i.e. schedule of any currently existing education programs, regularly scheduled appointments, extracurricular activities, etc. that the participant attends).
- Child/youth/family preferences and requirements in staffing (i.e. gender of staff, experience of staff, specific skills/interest of staff, language or culture of staff, etc.).
- Child/youth/family preferences and requirements in scheduling (i.e. weekend only service provision, etc.).
- Child/youth/family preference in service location (i.e. services on-site, at specific community location, etc.).
- Additional information relevant to caring for/serving the child/youth such as:

- Any special medical equipment the child/youth would require during service delivery such as a g-tube,
- Any conditions that could impact service delivery such as seizure conditions or accessibility needs,
- Any child/youth behaviors that may impact service delivery such as aversion to certain settings or history of elopement
- Any additional information that an HCBS provider would need to know to be able to make an appropriate staff assignment.

HHCM/C-YES should obtain a clear understanding of what is a **preference versus a requirement** in staffing and scheduling**.** This information will later be included on the referral. **Inaccurate/incomplete information on referrals leads to service access delays and can be frustrating to families.**

II.   Child Case Page

The Child Case Page provides basic information about the child/youth including enrollment and demographic information.
- Much of the details included on the Child Case Page such as name, gender, Medicaid Client Identification Number (CIN), Date of Birth (DOB), address, and enrollment information will be pre-populated in the Referral & Authorization Portal with information obtained from other systems (i.e., eMedNY, HHTS, etc.)
- Care managers and HCBS providers are able to update most of these fields based upon information shared by the child/youth and family.
- The Child Case Page is automatically created in the Referral & Authorization Portal after an HCBS Eligibility Determination is finalized in the Uniform Assessment System (UAS) by a HH/C-YES care manager.
- Items that are not prepopulated but are applicable to the child/youth must be filled out by a HHCM/C-YES. The Child Case Page must be complete before an HCBS referral can be submitted.

NOTE: all fields marked with "*****" are REQUIRED. If these fields are not completed, the user will not be able to create a referral.

Below is what users will see when viewing a Child Case Page:

Name	CIN	DOB	Age	Sex	☑ Medicaid Expiration
▇▇▇▇▇	▇▇▇▇▇	04/29/2011	13	FEMALE	12/31/9999

☑ **HCBS Enrollment**
Serious Emotional Disturbance
K1: 07/01/2021 - 12/31/9999
KK: Not Active

☑ **Latest Assessment**
HCBS Eligibile
HAND-IN-HAND DEVELOPMENT, INC.
Outcome Date: 08/18/2023

Fiscal County
New York City County

HCBS Designated County
New York County

Child Case Information	HCBS Services

Medicaid Program

Health Home
THE COLLABORATIVE FOR CHILDREN AND

CMA
HAND IN HAND DEVELOPMENT INC

Managed Care Plan
HEALTH FIRST PHSP INC

Address
90 LORIMER ST 6C
BROOKLYN, NY 11206

Contact Phone
(718) 782-2805

Residence County
New York City

Child Information
Complete

Residence Address
▇▇▇▇▇

Primary Diagnosis
Severe intellectual disability

Preferred Name
Not Specified

Languages
English

Pronouns
Not Specified

Contact Info
▇▇▇▇▇

Family / Guardians

    👤 Add Guardian   👤 Add Sibling

ldren's Services

Aaron Roe (Father)
Primary
👤 🗑

▇▇▇▇▇ ✉ ▇▇▇▇▇
📞

There are no Siblings listed.

Last updated by Aaron Roe from HAND IN HAND DEVELOPMENT INC at 6/5/2024 2:57 PM

Schedule and Activity Information
Complete

👤 Edit

School/Education/Extracurricular
The child currently attends school or a vocational program.

asdfsadfs

Regular Appointments/Activities
No Regular Appointments/Programs are provided.

Summer Schedule
No Summer Schedule is provided.

Last updated by Aaron Roe from HAND IN HAND DEVELOPMENT INC at 6/19/2024 9:32 AM

Foster Care / Facility

👤 Edit

Voluntary Foster Care Agency (VFCA)
Not in Foster Care

Current Facility
Not in a facility

Latest Admission
Not Specified

Care Team Members

👤 Add HCBS Contact

Test Staff 🗑
HCBS Coordinator

Abbott House
Children's Service Provider
HCBS Agency Contact
✉ test.staff@test.com
📞 (111) 222-3333

Set Primary Contact

Last updated on 9/20/2024 3:11 PM

ar

HAND IN HAND DEVELOPMENT INC
Care Management Agency
Care Manager
✉ a@b.com
📞 (111) 222-3333

Last updated on 8/20/2024 11:45 AM

A.   Filters

The Child Case Page can be filtered to allow users to view their caseloads according to different criteria.

To refine a search, click the **Filter** button located in the upper right-hand corner of the page. This will bring up the box below where users can filter by designated counties, HCBS services, service status, and organizations. Users can also use the filters to narrow down their search by Managed Care Plan, CMA, Health Home, and HCBS Agency.
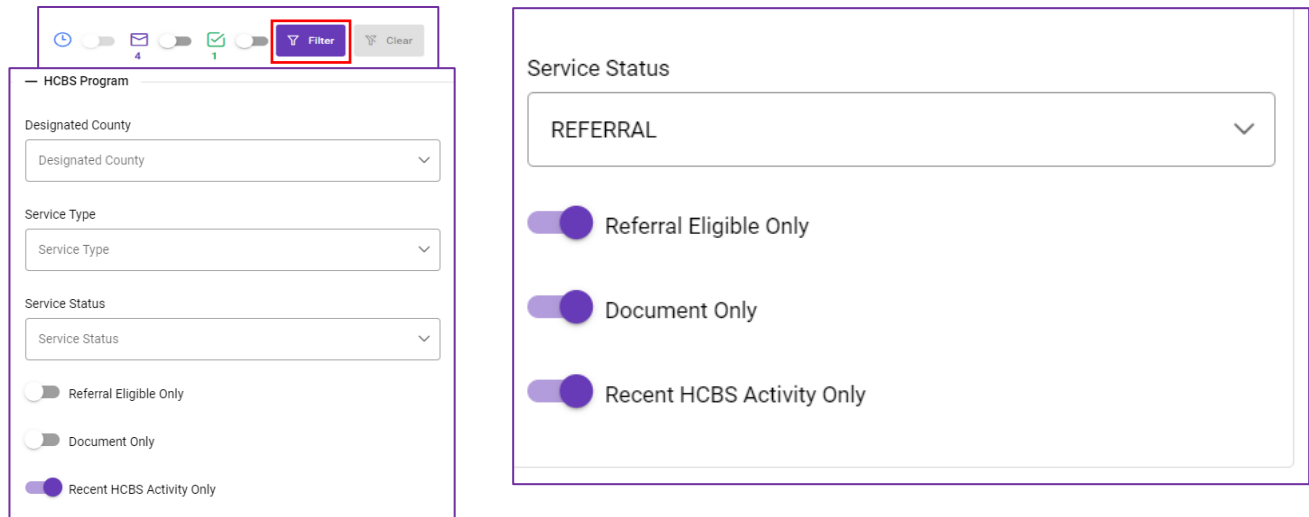
To check the 'Service Status,' the toggle feature may be used to filter through referral eligible only, documents only, and recent HCBS activity only.

The following are filters that can be applied:

- **Service Type**: Displays children/youth that selected services in IRAMS. The service may be active or inactive.

- **Service Status**: Displays children/youth that have services with the selected statuses.

- **Referral Eligible Only**: Displays children/youth that are referral eligible. This includes children/youth with active K1, active LOC, and active Medicaid enrollment.

- **Document Only**: Displays children/youth that have downloadable referral forms.

- **Recent HCBS Activity Only**: Displays children/youth that have an active or recently expired K1 or LOC, or children/youth with active referrals or services within IRAMS.

- **HCBS Agency**: Displays children/youth currently associated with the selected HCBS Agencies.

The following shows an example of the Service Status filter. The user will click into the intended filter box and select the criteria they want to see in their search. If a user wants to see Active services, they must click **Active**.

The user can add multiple filters to refine their search to specific criteria.

When users select the filter(s) they desire, the following filter statuses are displayed at the top under the Child Summary Page:

B.   Child/Youth Information

Click the blue **Update** icon in the corner of the screen to fill out/update the child/youth's information.

Child Information
Complete

⚲ Update

Residence Address	**Primary Diagnosis**	**Preferred Name**
101 Any Street	Chronic Stress and Anxiety Diagnoses	Child
Albany, NY 12111		
Saratoga County	**Languages**	**Pronouns**
	English	He/Him
	Spanish	

Child Information ✕

Street Address*

City*   **State***   **Zip Code***

> HHCM/C-YES are required to fill out the child/youth's residence including street address, city, state, and zip code.

Child Information ✕

Primary Diagnosis Description

Primary Diagnosis Description*

Please describe the primary diagnosis that qualifies the child for HCBS services.

Contact Information

Email   **Phone**

555-555-5555

> HHCM/C-YES are required to fill out the child/youth's primary diagnosis description, which captures the diagnosis that impacts the services that will be requested for the child/youth.

Languages   **Identity**

Primary Language*   **Secondary Language**   **Preferred Name**   **Pronouns**

✕ Cancel   Save 🖫

> HHCM/C-YES are asked to fill out the child/youth's preferred name and pronouns if provided by the child/youth or their family/guardian.

> HHCM/C-YES are required to fill out the child/youth's primary language and have the option to include a secondary language when applicable.

> Once the HHCM/C-YES has confirmed that all information regarding the child/youth is filled out and up to date, they will click the "save" button at the bottom of the screen to ensure the information is saved to the database. This information will then auto populate in the system the next time the HHCM/C-YES logs in and is where updates can be made if needed.

NOTE: For languages, the dropdown contains suggested list for autocomplete. Users can manually enter any necessary value.

At any time, the HHCM/C-YES can add additional information to the Child Case Page or update certain information, such as the child/youth's pronouns or preferred name.

The HHCM/C-YES will need to ensure that the HCBS Designated County has been correctly recorded. If any of the following situations apply, the care manager must manually change the designated county of the participant within the system:

1. If the child/youth's Medicaid county of residence is in NYC
2. If the child/youth's Medicaid county is listed as Special county in Medicaid (OMH)
3. If there is a discrepancy between Medicaid residence county and the county of the residence zip code

In these circumstances, the HHCM/C-YES will need to select the correct county by clicking '**Edit County'**.

The HHCM/C-YES can choose the HCBS Designated County from the drop-down menu.

The child/youth's Designated County must be accurate in order to receive services from HCBS providers who are designated to serve in the county in which the child/youth resides.

C.   Care Team Member Information

Information about members of the child/youth's care team will be added to this section in order to maintain efficient lines of communication. To submit a referral, the child/youth's HHCM/C-YES contact information must be added to this section of the Child Case page. The HHCM/C-YES name, email, and phone number are required fields. This care team member is different from the staff member who submitted the child/youth's referral and whose name is listed on that document.

HHCM/C-YES and HCBS providers can add or edit Care Team Members on the Child Case Page. When users click the **Add Staff** button, they will see the relevant options.

If no care managers are present in the system, the following will appear.

To view care team members in the system and add new members, click **Edit Staff**.

The following page will open. Users can either click the pencil icon to edit a pre-existing staff member or click Add New to add a new staff member.

Enter the Staff's name, email and phone number then click the **Save icon**.

Users can also delete a staff member by clicking the **trash icon**.
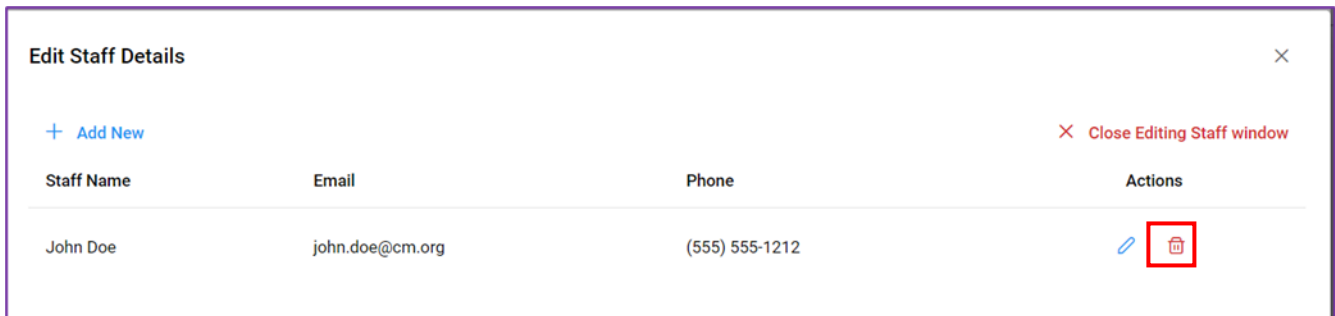
Users will need to confirm their intent to delete the staff member.
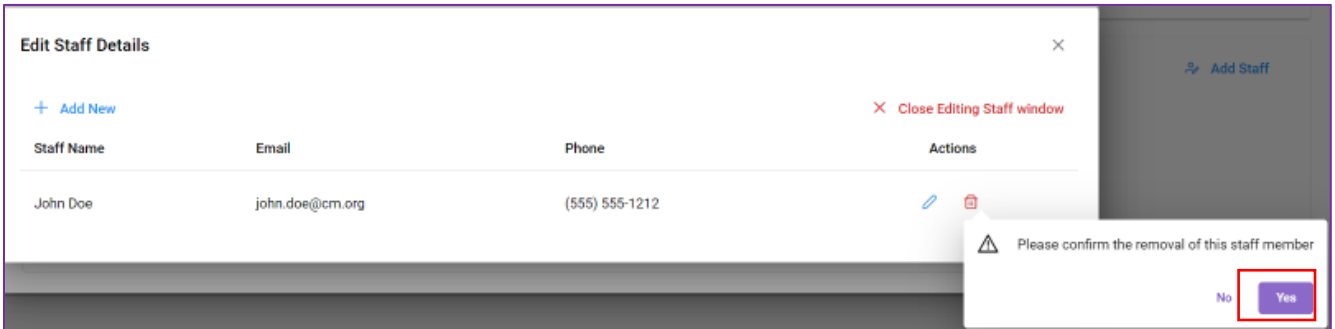
When users have finished editing and adding staff members, they can click **Close Editing Staff Window** and confirm they saved all their intended changes.
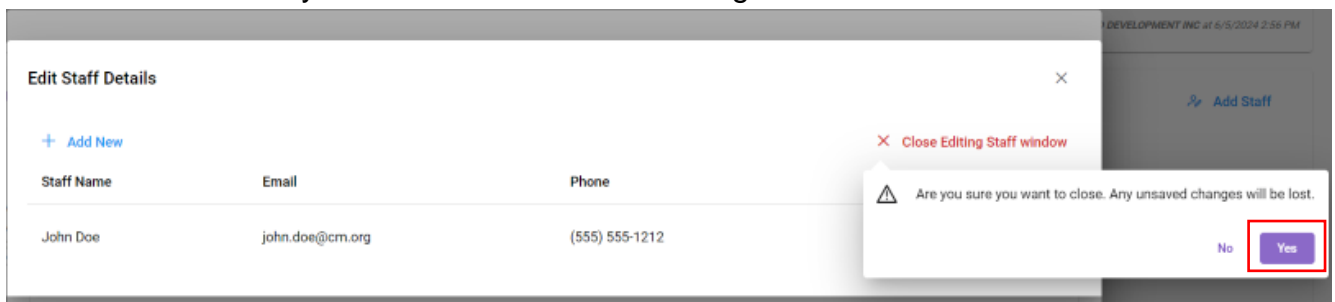
The user can now return to the Care Team Member page where the field will auto generate with the staff members already in the system. Users can select the staff associated with the child/youth then click **Save**.
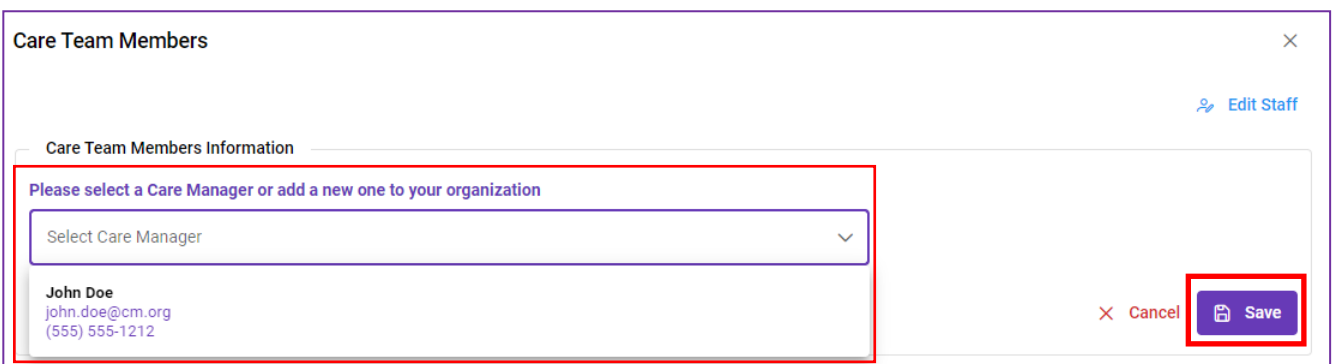
Once a Care Team Member has been successfully added, their name and contact information will appear on the Child Case Page.

Care Team Members

John Doe
Care Manager

HAND IN HAND DEVELOPMENT INC
Care Management Agency
✉ john.doe@cm.org
📞 (555) 555-1212
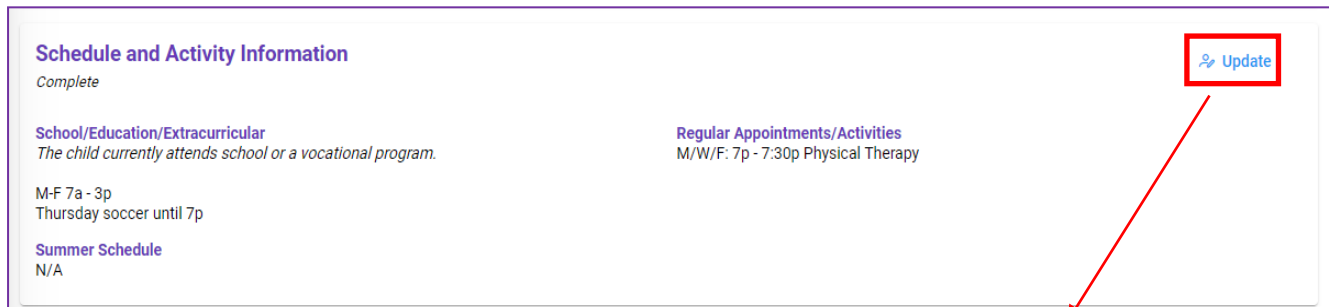
Last updated on 8/13/2024 3:26 PM

Add Staff

If a child/youth is transferred between Care Management Agencies, their new HHCM/C-YES will need to be listed on the Child Case Page before a referral can be made.

NOTE: The staff contact that appears on a referral will be the name of the staff member who submitted the referral (and may not be the care manager). To view care manager contact information, users must navigate to the Care Team Member section of the Child Case Page.

D.   Schedule and Activity Information

Schedule and Activity Information can be edited or added by clicking the **Update** button. Once completed, this section will show the child/youth's weekly schedule to help plan for their needed services.

Schedule and Activity Information
Complete

Update

School/Education/Extracurricular
The child currently attends school or a vocational program.

M-F 7a - 3p
Thursday soccer until 7p

Summer Schedule
N/A

Regular Appointments/Activities
M/W/F: 7p - 7:30p Physical Therapy

The HHCM/C-YES can update the child/youth's schedule and activity information by pressing the "Update" button.

Child Schedule   ✕

Please outline the child's schedule below. Include the days and times for each program if possible (i.e., Mon-Fri 8am-1pm, etc.).
Please include standing appointments. (e.g., therapy, medical appointments, OT/PT/ST, CFTSS, PDN/PCA/CDPAS, Hospice, etc.)

Does the child attend school or other educational/vocational program?*

[⌄]

School/Education/Extracurricular

Enter any recurring schedules based on school or after-school programs.

Regular Appointments/Activities

Enter any recurring schedules based on appointments, activities, or services.

The HHCM/C-YES must enter the schedule for the child/youth's school, education, and extracurriculars. As much information as is known should be provided, including days and times for each program.

Note that it is helpful to list any regularly scheduled appointments or activities for the child/youth.

The HHCM/C-YES can enter the schedule for the child/youth's regular appointments or other activities that fall outside of their school or extracurriculars if applicable. As much information as is known should be

The same is needed for a summer schedule as the HHCM/C-YES will have an opportunity to enter any scheduled activities and appointments. As the child/youth is provided with HCBS, the HCBS provider will be able to update the Child Case Page and keep it current as the child/youth's schedule changes.

Summer Schedule

Enter any scheduling differences for the summer.

✕ Cancel   Save 🖫

The HHCM/C-YES can enter the summer schedule for the child/youth if applicable. This can include regular summer activities such as sports practices as well as a summer school schedule if the child/youth is enrolled in summer school. As much information as is known should be provided,

Once the HHCM/C-YES has confirmed that all information regarding the child/youth's schedule is filled out and up to date, they will click the "save" button at the bottom of the screen to ensure the information is saved to the database. This information will then auto populate in the system the next time the HHCM/C-YES logs in. Further updates can be made if needed.

E.   Child/Youth's Family/Guardian Information

To add or update information on Parents/Guardians/Legally Authorized Representations click the **Add Guardian** button.

In some situations, the child/youth may be the main point of contact. To indicate this, the HHCM/C-YES can select "Self" in the Relationship field.

Though there is a drop-down provided for the "Relationship", users may choose to type free text in the box if they feel their situation is not accurately captured by the drop-down options.

Edit Parent/Guardian

Parent/Guardian

Name*

Relationship*   Is this guardian a primary contact?*   Does the child reside with this guardian?*

[Yes] [No]   [Yes] [No]

Contact Information

Email   Phone*   Preferred Contact Method

555-555-5555   [@ Email] [📞 Phone]

Residence Address

Street Address*

City*   State*   Zip Code*

New York

[💾 Save] [✕ Cancel]

> HHCM/C-YES are required to fill in the phone number for parent/guardian. The HHCM/C-YES can also enter the parent/guardian's email, if provided.

To add or update information on Siblings click the **Add Sibling** button.

Edit Sibling   ✕

Please add only siblings that reside in the same home as the child.

Name*

CIN (If Known)

Does this sibling receive HCBS services?*

[Yes] [No]

Is this sibling in a Health Home?*

[Yes] [No]

[💾 Save] [✕ Cancel]

> HHCM/C-YES will add the first and last name of all siblings who reside in the same household as the child/youth. Siblings who do not reside within the same household should not be included.

> HHCM/C-YES will indicate if the sibling receives HCBS services by selecting 'yes' or 'no'. This must be done for all siblings listed above that reside in the same household as the child/youth.

> HHCM/C-YES will indicate if the sibling is enrolled in a Health Home by selecting 'yes' or 'no'. This must be done for all siblings listed above that reside in the same household. as the child.

> Once the HHCM/C-YES has confirmed that all information regarding the child/youth's sibling(s) is filled out and up to date, they will click the **Save** button at the bottom of the screen to ensure the information is saved to the database. This information will then auto populate in the system the next time the HHCM/C-YES logs in.

Siblings

Sibling Name	CIN	HCBS?	Health Home?		
Brother Smith	XX11111K	✕	✓	👤	🗑
Sister Smith		✓	✓	👤	🗑

👤 Edit/Add

🗑 Delete

Once the information for the child/youth's sibling(s) is saved, they will appear here with their name, CIN (if applicable), an indication of whether they are receiving HCBS services, and/or if they are in a Health Home. An 'x' denotes "no" and a check denotes "yes".

F.   Foster Care/Facility Information

This section is only to be filled out for children/youth who are currently placed in foster care or in a facility.

Foster Care / Facility

Foster Care

Is the child in foster care: ⬤

Voluntary Foster Care Agency (VFCA)*
Astor Services for Children and Families

Name of Saratoga County LDSS Representative*
Mary Jones

Email of Saratoga County LDSS Representative*
mary.jones@saratoga.gov

Name of Medical Consenter*
Bob Smith

Facility

Is the child currently in a facility: ⬤

Current Facility*   Latest Facility Admission
⬤ Hospital   09/11/2023
○ Nursing Home
○ Residential Placement   Expected Discharge
                          09/30/2023

💾 Save   ✕ Cancel

HHCM/C-YES should indicate if the child/youth is currently in a facility by using the sliding bar/toggle function. HHCM/C-YES should indicate the type of facility (Hospital, Nursing Home, Residential Placement) the child/youth resides in, the date they were admitted, and the date of their expected discharge.

HHCM/C-YES should indicate if a child/youth is in foster care using the sliding bar/toggle function. If a child/youth is placed at a Voluntary Foster Care Agency (VFCA), the HHCM/C-YES must select their VFCA from a drop-down menu.

Once the HHCM/C-YES has confirmed that all information regarding the child/youth's foster care/facility is filled out and up to date, they will click the **Save** button at the bottom of the screen to ensure the information is saved to the system. This information will auto-populate in the system the next time the HHCM/C-YES logs in.

Since the HHCM/C-YES can conduct the HCBS Eligibility Determination for a planned discharge and get child/youth connected with services before discharge, the CM may complete a referral for a child/youth in a facility. The care manager will only need to fill in Facility Information if the child/youth is in a facility at the time the referral is made. When the child/youth is discharged from the facility, the facility toggle will need to be turned off.

NOTE: Once the HCBS provider has been approved to begin providing services to the child, they will have the ability to update all information in the Child Case Information page **EXCEPT** for the child/youth's primary diagnosis or information pre-populated from other systems (i.e., CIN, enrollment info, K-codes, etc.). The HCBS provider should ensure that any changes that are made to the child/youth's demographic information are updated on the Child Case Page within IRAMS. HCBS providers **must** update the Child Case Page when new information is available at the time they are taking action on the case.

III.   Making a Referral

A.   Choosing an HCBS

Each Home and Community Based Service is requested individually within the portal. To submit a referral for a specific HCBS, the HHCM/C-YES will first choose an HCBS from the HCBS drop-down menu.

In the case that the HHCM/C-YES is viewing the child/youth's information from the Child Summary Page, they will see a pencil icon (shown below) if the child/youth is eligible to be referred for HCBS. The Child Summary Page consists of limited viewable information for historical purposes and other circumstances, including child/youth information such as CIN, DOB, and name.

B.   Entering Service Specific Details

The HHCM/C-YES must enter details as required, relating to the HCBS for which the child/youth is being referred. Clearly identified needs of the child/youth, the goals to be achieved to meet the need, and why the service is being referred are necessary. Details are necessary, as this section is used by HCBS Agencies to evaluate whether they will be able to provide the service.

HHCM/C-YES must include a description of the goals and needs being addressed by the specific referred HCBS.

These three sections are intended to allow HHCM/C-YES to provide any additional information regarding the child/youth's service needs to help HCBS Agencies determine if they will be able to provide the specified service. These fields must be completed when there is information to share.

Once the fields have been filled out, the HHCM/C-YES will be able to click the purple **Next: Search Providers** button to save the referral information and move on to the next step.

C.   Choosing HCBS Agencies

The HHCM/C-YES will choose HCBS Agencies to receive the referral. Only agencies in good standing who are designated for the requested service in the county where the child/youth resides will be eligible to receive a referral. If there are no designated providers in good standing in the child/youth's county, the care manager can place the child/youth directly on the Statewide Waitlist and the referral will remain open. There is no limit on how many Agencies can be sent the referral within the child/youth's county.

The HHCM/C-YES will click the boxes next to **EACH** HCBS Agency they want to send the referral to.

This page will auto populate based on the county where the child/youth resides and the HCBS Service selected by the HHCM/C-YES in section B: Entering Service Specific Details.

Once the HHCM/C-YES has selected the desired HCBS Agencies, the HHCM/C-YES will be able to click the purple **Next: Review and Send** button to save the referral information and move on to the next step.

D.   Review and Submission

The HHCM/C-YES will confirm the information entered for the referred HCBS is accurate and will send to the selected HCBS Agencies. If an HCBS provider has accepted, the HHCM/C-YES should not change information that would impact service delivery without contacting the accepting provider.

NOTE: The HHCM/C-YES **MUST** complete a separate referral for **EACH** HCBS the child/youth is being referred for.

The HHCM/C-YES must ensure that all information in the "Referral Details" box is accurate and pertaining to the specific referral.

If any of the information is incorrect, the HHCM/C-YES can click on one of the tabs above to go back and fix the error.

Once the HHCM/C-YES has confirmed that all information in the Referral Details and Selected Agencies sections is accurate, the HHCM/C-YES will be able to click the purple **Send Referral** button to send the referral to the selected HCBS Agencies.

An HHCM/C-YES should only send referrals to HCBS agencies that the family has agreed to. The HHCM/C-YES should **not** send the referral to all designated HCBS provider agencies without the permission of the family.

IV. HCBS Provider Reviews & Responds to a Referral

A. HCBS Provider Reviews a Referral

This section shows what an HCBS provider will see once they receive a referral and outlines how they can respond to the referral. The HCBS provider will know they have a referral waiting for them because the Referral & Authorization Portal will send a notification email to the HCBS provider once the HHCM/C-YES clicks **Send Referrals**.

When the HCBS provider enters the Referral & Authorization Portal, they will be presented with the Child Summary page. The Child Summary Page consists of limited viewable information for historical purposes and other circumstances, including child/youth information such as CIN, DOB, and name.

The HCBS provider will see the following document icon on the HCBS Child Summary Page if they have a document to review. In addition, if the purple box (on the right side of the screen) contains a number greater than zero (0), there is a referral waiting for the HCBS provider's response.

The HCBS providers will than have **seven (7) calendar days** from the date of receipt to respond to the referral.

The HCBS provider can filter and select records based on their referral status, including "Response Needed" and "Late".
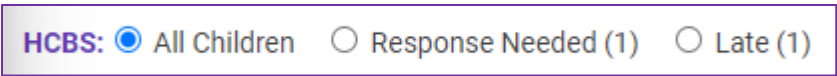
Once a referral is made to an HCBS provider, the HCBS provider will be able to view the Child Case Page and referral information.
- HCBS providers have 7 calendar days to respond to a referral
- The HCBS provider is able to change their response until the care manager selects a provider, the referral is closed, or for 15 calendar days after they respond to a referral
- The HCBS provider has up to 15 calendar days to view the child/youth record
- The HCBS providers may have a limited time to change the response while the referral is open
- The response is made based upon the information provided in the referral and staffing availability

The care manager may modify an open referral, add HCBS providers, or withdraw the referral from HCBS providers as needed until the referral is closed.
- The referral is open until the care manager either selects an HCBS provider or withdraws the referral
- If the care manager withdraws the referral from all HCBS providers it was referred to, and the referral is not closed, then the child/youth will be moved to the Statewide Waitlist.
- If the care manager withdraws a referral prior to selecting an HCBS provider, the HCBS provider will see the status as "withdrawn" and will lose access to the child/youth's HCBS Child Summary page after 15 calendar days

B.   HCBS Provider Responds to a Referral

To respond to the referral, the HCBS provider clicks **View Latest Referral**.
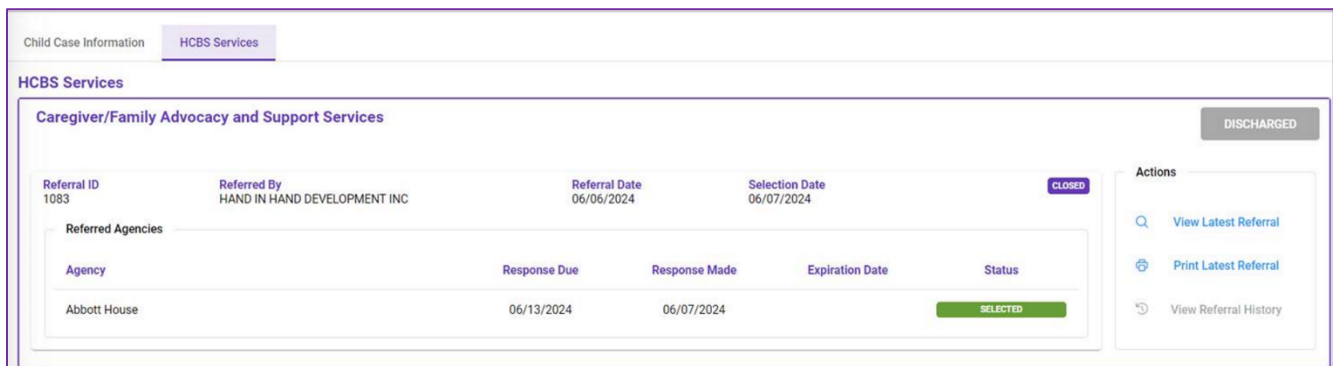
After the HCBS provider clicks **View Latest Response**, the page below will pop up and this is where the HCBS provider can review the Child Case Page as well as the referred service. Once the HCBS provider has reviewed the Child Case Page information and the details of the referred service, they will select "accept," "waitlist" or "decline".

Referral Response

Caregiver/Family Advocacy and Support Services   OPEN

Referral

Referral ID	Referral Date	Referred By	Response
1021	05/24/2024	Families First in Essex County, Inc	ACCEPT
		Aaron Roe	

Response Due	Request Made	Response Made
05/31/2024	05/24/2024	05/24/2024

Child Information

Name	Sex	Age	Service County
[redacted]	MALE	9	Washington County

HCBS Service Request

Desired Goals/Needs to Be Addressed

Lorem ipsum dolor sit amet, consectetuer 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.

Known Barriers and Strategies
None Specified

Family Preferences
None Specified

Additional Comments
None Specified

⊘ Accept   🕐 Waitlist   ⊘ Decline

The HCBS provider can respond to a referral with **accept, waitlist, or decline.**

- **Accept** indicates that the HCBS provider is available to provide the designated service(s) to the child/youth.

- **Waitlist** indicates that the HCBS provider is not currently able to provide the designated service(s) to the child/youth, but they anticipate being able to serve them in the next 90 days.
  - If the provider selects this option, child/youth will move to the Agency Waitlist.
  - **Agency Waitlist** describes a list of children/youth for whom an HCBS provider indicates they may be able to provide service within 90 days.

- **Decline** indicates that the HCBS provider cannot and will not be able to provide the requested service(s).
  - If all Providers decline the child/youth, the child/youth will move to the Statewide Waitlist.
  - **Statewide Waitlist** is a list of children/youth where HCBS providers have indicated that they are currently unable to provide services.

If all available agencies have declined the referral request, the care manager should consider discussing the possibility of expanding the list of agencies to send a referral to with the family.
If an in-network provider is not available, the care manager should consider contacting the MMCP to request assistance in locating an in-network provider, if needed.

Once the HCBS provider has responded to the referral, the status of the referral on the HCBS Services page will change to reflect that response.

In this example, the HCBS provider accepted the referral so the status under the referred service has changed to a green "accept" icon.

If all HCBS providers decline or do not respond to the referral within the allotted seven (7) days or the 15-day holding period, the child/youth will be moved to the Statewide Waitlist overnight following the expiration of all remaining open requests. The child/youth will not be removed from the Statewide Waitlist until the care manager selects an HCBS provider or closes the referral.

- If the HCBS provider responded to the referral with "waitlist," the child/youth can remain on the Agency Waitlist for up to 90 calendar days, unless another applicable action is taken by the care manager.
- If all HCBS providers waitlist the child/youth, the child/youth will be on each HCBS provider's respective Agency Waitlist for up to 90 days, unless the Care Manager closes the referral or selects another HCBS provider.

If the HCBS provider has placed the child/youth on their Agency Waitlist, but another provider who accepted the referral was then selected by the care manager, the child/youth would automatically come off the HCBS provider's Agency Waitlist.

- Following the selection of the HCBS provider, the provider **not** selected to deliver the service will be able to see the HCBS Child Summary for up to 15 calendar days.

After being selected by the care manager to provide the services, the HCBS provider will have the ability to download the referral from the system to a PDF format.

NOTE: The process to download a PDF version of the referral is explained in the "Care Manager Selects the Agency" section.

C. Removing a Child/Youth from the Agency Waitlist

To remove a child/youth from their Agency Waitlist, an HCBS provider will either need to accept or decline the referral. In the case that the provider cannot provide the service, they will need to decline.

To decline, the HCBS provider will select the child/youth they wish to remove by clicking on **View Latest Referral**.

Next, the provider can choose to decline or accept the service.

To decline a referral, the HCBS provider begins by selecting the **Decline** option.

Next, the HCBS provider will select a reason from the **Select Reason** dropdown list for declining the service.

Confirm Decline   ✕

Please select a reason for declining the referral for Planned Respite

Select Reason   ⌄

Send Request

As a result, the child/youth's status for the service will change to "Decline" and the child/youth will have been officially removed from that HCBS provider's Agency Waitlist.

If the child/youth was on another Agency Waitlist, the child/youth will remain on that Agency Waitlist. If this was the only Agency Waitlist the child/youth was on, the child/youth will be moved to the Statewide Waitlist.

To remove the child/youth from the Agency Waitlist by accepting the referral, the same process should be followed. Instead of selecting "Decline", the agency will select "Accept" and the HHCM/C-YES will be alerted of the accepted response.

If an HCBS provider has **waitlisted** a child/youth then another provider is selected to serve the child/youth, the child/youth will remain on the waitlisted agency's list for 15 days afterwards with "Not Selected" viewable, as shown below.

If an HCBS provider has **declined** a child/youth then another provider is selected to serve the child/youth, the child/youth will remain on the waitlisted agency's list for 15 days afterwards with "Not Selected" viewable, as shown below.

V.   HHCM/C-YES Views the Referral Response

A.   Care Manager Views the HCBS Provider's Response

Once HCBS providers have responded to the referrals, the HHCM/C-YES will be able to view in their next daily digest notification that a decision has been made in the Referral & Authorization Portal. The HHCM/C-YES will enter the Portal to the Child Case Page to view the decisions of each HCBS provider that has responded to the referred service.

To help navigate services efficiently, a color-coded toggle system is utilized:
- *BLUE shows waitlisted referrals*
- *PURPLE shows open referrals*
- *GREEN shows accepted referrals*

Here, the HHCM/C-YES can see the individual responses of the HCBS providers to the referral.

The HHCM/C-YES can see the four agencies the referral was sent to and each of their responses. There are three possible responses: decline, waitlist and accept, as well as a status of no response when HCBS providers have not reviewed the referrals or responded.

Care managers and HCBS providers can both utilize toggles and a filter to sort through referrals on their case load.

HCBS Child Summary

HCBS: ● All Children   ○ Response Needed (2)   ○ Due Soon (1)
CMA: ● All Children   ○ Selection Needed (1)   ○ Due Soon (1)

[CIN, Member Name] 🔍   🕐 ⚪   ✉️ ⚪   ☑️ ⚪

🔽 Filter   🧹 Clear

— Child Listing Filters

Designated County

[Designated County ⌄]

Managed Care Plan

[Managed Care Plan ⌄]

CMA

[CMA ⌄]

Health Home

[Health Home ⌄]

Filtering by designated county, Managed Care Plan, CMA, Health Home, etc. allow the HHCM/C-YES to sort through the open referrals.

B.   Care Manager Selects the Agency

Once HCBS providers have responded to the referral, the care manager will have seven (7) calendar days to select the HCBS provider they want to provide the referred service(s). The selected HCBS provider will then have ten (10) calendar days from the date of the care manager selection to schedule the first appointment with the child/youth and their family/guardian. ***The HCBS provider must be selected by the care manager prior to the HCBS provider contacting the child/youth/family or beginning services.*** Additionally, the CMA will be able to filter by records that require a selection.

CMA: ● All Children   ○ Selection Needed (1)

Referral Details   ✕

Child Information

Name	Sex	Age	Service County	HCBS Service
▓▓▓▓▓▓	MALE	9	Washington County	Crisis Respite

HCBS Service Referral

Desired Goals/Needs to Be Addressed*   Known Barriers and Strategies
Goals   Strategies

                                               Family Preferences
                                               Preferences

                                               Additional Comments

Families First in Essex County, Inc   [ACCEPT]   Northeast Parent & Child Society, Inc.   [NO RESPONSE]   Parsons Child and Family Center   [NO RESPONSE]

☑ Select Agency

If the HCBS provider accepts the service, the HHCM/C-YES will be able to click on the blue **Select Agency** button and select the HCBS agency they want to provide the designated service.

HHCM/C-YES will be able to view the responses of all HCBS providers who were referred to the designated service.

Once the care manager selects the HCBS provider, the service becomes active in the Portal:

Following selection of an HCBS provider,
- The selected HCBS provider will receive an email alert from the system that they have been selected to provide the service to the child/youth.
- Referred HCBS providers who **declined** the referral, cannot change their response, will not get an alert, and can see the Child Case Page for 15 calendar days.
- Referred HCBS providers who **did not respond** to the referral, cannot respond to the referral, will not get an alert, and cannot see the Child Case Page.
- Referred HCBS providers who responded with **waitlisted**, cannot change their response, will get an alert, the child/youth will be removed from their waitlist, however the provider can see the Child Case Page for 15 calendar days.
- Referred HCBS providers who accepted the referral but were not selected, cannot change their response, will receive an alert, and can continue to see the Child Case Page for 15 calendar days.

An HCBS provider can also view the Child Case Page if they have an active service with the child/youth or if they have an open, unexpired referral with the child/youth.

The Child Summary Page displays the alerts and current statuses.

A summary of each referral sent will be available for care managers and HCBS providers – only if they have been selected – to download from the system in PDF format. To save a PDF, users will select **Print Latest Referral**. Then choose **Print** and save the file as a PDF.

C.   Ongoing Monitoring of Service

For children/youth who are accepted by an HCBS provider agency, the care manager should have contact with the HCBS provider at least monthly (C-YES/MMCP case manager will have contact with the provider at least quarterly) to discuss updates to services, progress made, and any adjustments needed.

- The HHCM/C-YES/MMCP will update the Plan of Care as needed when there are updates to goals, services, or authorized F/S/D.

- The HHCM/C-YES will maintain regular contact with the children/youth/family to monitor progress and updates related to HCBS.

- The HHCM/C-YES will schedule interdisciplinary meetings and invite the HCBS provider(s).

- The HHCM/C-YES will make additional referrals for HCBS, withdraw referrals for HCBS, and complete additional HCBS eligibility determinations as needed.

HCBS providers who have been selected to provide the service are expected to provide HCBS in alignment with HCBS definitions and approved F/S/D. HCBS providers should have regular communication with care managers to discuss service status, updates, and progress. HCBS providers must notify HHCM/C-YES and MMCPs of ongoing service delivery.

VI.   Discharge Process

An active service can only be ended by a discharge. A service may be discharged without having an approved authorization if the service was cancelled or satisfied within the initial service period. HCBS providers or care managers may discharge a child/youth from a service by following these steps:

In the HCBS Services section, find the service that the user wants to discharge the child/youth from and select **Discharge Child**.

.

After clicking **Discharge Child**, the following screen will prompt the user to select a reason for discharge.

Users will select the reason for the discharge from the dropdown.

Some discharge reasons will prompt a care manager to submit a new referral for the discharged service. Discharge reasons include:
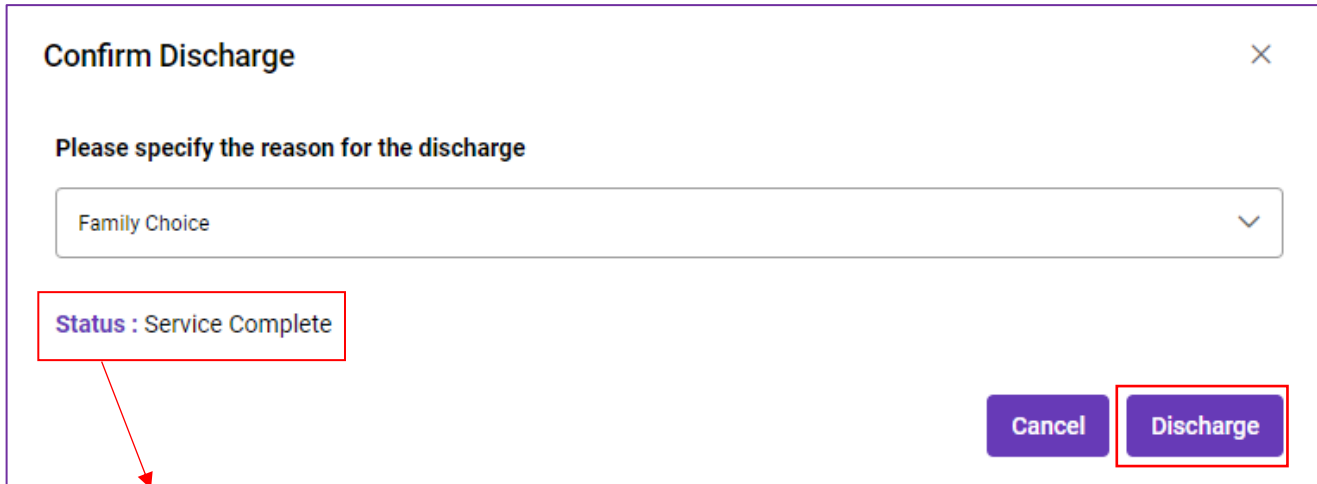
Discharge Reason	Service Status
Child disenrolled from HCBS Waiver	Service Complete
Family Choice	Service Complete
Service completed during initial period	Service Complete
Service goals accomplished	Service Complete
Service not appropriate	Service Complete
Family requests another provider	New Referral Required
Gender specific staff not available	New Referral Required
Insufficient expertise for service	New Referral Required
No staff with required language	New Referral Required
Provider requested discharge	New Referral Required
Scheduling conflict	New Referral Required
Service not available	New Referral Required
Staff not available for location	New Referral Required
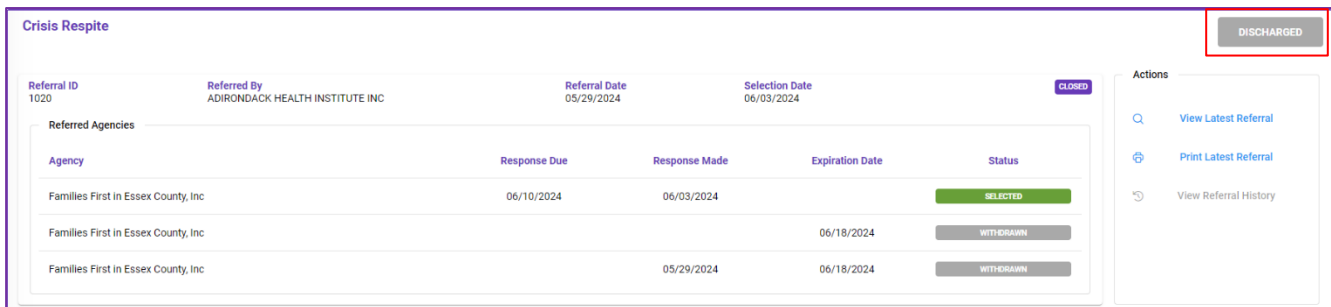
After selecting the discharge reason, users will confirm the discharge by pressing the **Discharge** button.

Depending on the reason for discharge chosen, the status will either present as "Service Complete" or "New Referral Required" as indicated in the chart above.

After discharging the child/youth from the service, users will see that the service status has changed to a gray box reading "Discharged" indicating the service was successfully discharged.

A.   Viewer & Discharge Permissions

When a child/youth is discharged from a service,

- The HCBS provider will lose access to the Child Case Page after 15 calendar days but can still see the HCBS Child Summary and original referral within the system.

- The HCBS provider can always see their own information if they served the child/youth but will not be able to see updated information for the child/youth after discharge.

While both care managers and HCBS providers can perform discharges, care managers should handle discharges when the child/youth disenrolls from the waiver and HCBS provider should handle discharges when the child/youth discharges from service(s) or the specific HCBS Agency.

The HHCM/C-YES will be alerted via the Daily Digest if one of their children/youth was discharged

from HCBS service(s) on the previous day.

SECTION 3 – HCBS AUTHORIZATION PROCESS

A.   Authorization Introduction

The Referral and Authorization Portal includes functionality to allow creation and management of HCBS authorizations electronically. As of October 21, 2024, all authorizations for Medicaid Managed Care (MMC) and Fee-for-Service (FFS) participants **must** be created within the Referral and Authorization Portal. Authorizations submitted on any previous versions of the *Children's HCBS Authorization and Care Manager Notification Form* are no longer permissible. Only Referral and Authorization Portal generated authorizations can be submitted beginning October 21, 2024.

Previous authorizations do not need to be entered into the Referral and Authorization Portal. Referrals created in the Referral and Authorization Portal on or after October 21, 2024, will include a reminder 30 days following selection of the HCBS provider to create an authorization for the service.

Any user with an HCBS provider **Manage Child Referral** role will be able to view, create, and manage an HCBS authorization. Users with the **View Child Referral** role will be able to view HCBS authorizations, only.

The HCBS provider must submit an authorization **at least 14 days prior** to exhausting the initial service period of 60 days/96 units/24 hours or existing service authorization period. Providers should not wait until the initial/existing service amount/period has been exhausted to submit an authorization. Refer to the following resource for further information: *Utilization Management and Other Requirements for 1915(c) Children's Waiver Services*.

Authorizations can only be created if the child/youth has an active K-Code, active Medicaid, and an active service (full referral or short form connection). Active Services means a referral has been entered in the Referral and Authorization Portal and an HCBS provider has been selected to provide the services. Participants with a pending Fair Hearing with Aid to Continue are eligible for the authorization process.

Any existing authorization will remain in place until the authorization expires, is canceled, or a reauthorization is entered. A new authorization can be created to establish a new provider, new service, or reauthorize a service. The new authorization will not be active until it has been approved by either the Medicaid Managed Care Plans (MMCP) for MMCP enrollees or Department of Health (DOH) for Fee-for-Service (FFS) participants and finalized in the Referral and Authorization Portal. Authorizations are required for both MMCP and FFS participants. Without proper authorization, submitted claims by HCBS providers may be subject to denial by the MMCP or recoupment from the HCBS provider.

The process of creating an authorization will take the HCBS provider through several tabs within the Referral and Authorization Portal where the HCBS provider must provide relevant information related to the child/youth and their service. Users will not be able to move forward through the authorization tabs or submit the authorization if information is not entered into all required fields. Details on these tabs can be found below.

1. F/S/D
2. Goals
3. Provider
4. Review
5. Attachments - This is not required for MMCP participants at this time
6. Approval

For information on specific topics above, press the Ctrl key and click the topics linked above to jump to the corresponding section of the user guide.

B.   Developing an Authorization

HCBS providers begin on the **Child Case Page** by confirming the presented **Child Case Information** is accurate and up to date. The HCBS provider will be able to see information on the child/youth's Medicaid Program enrollment, Care Team, Family/Guardians, Schedule/Activities, and Foster Care/Facility, alongside general Child Information.

The Care Manager is responsible for entering and verifying all information contained within the **Child Case Page** at the time of referral. However, it is expected that HCBS providers will verify the information and make necessary updates at the time of authorization/reauthorization as they continue to serve the participant.

After verifying all information on the **Child Case Information** tab of the **Child Case Page** is accurate, HCBS providers will navigate to the **HCBS Services** tab and click **Create Authorization**.

After clicking **Create Authorization**, a new HCBS Service Authorization box will appear with multiple tabs.

If the child/youth has multiple active services with one HCBS provider, the HCBS provider will submit

authorization information for each service separately. Authorizations can only be built off existing, accepted referrals for active services.

The **F/S/D (Frequency, Scope, Duration)** tab is the first tab of the authorization. Here, 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 Authorization Period **cannot exceed 6 months.**

NOTE: The Referral & Authorization Portal is **NOT** used to notify the Care Manager (HHCM/C-YES) and Medicaid Managed Care Plan (MMCP) of the first appointment date. The requirement to provide this notification within one business day of scheduling the first appointment remains in place. This notification must take place outside of the Referral and Authorization Portal through a secure mechanism agreed upon between the HCBS provider, MMCP, and HHCM/C-YES. HCBS providers are not required to submit notification of first appointment to DOH for FFS participants.

The First Date of Service is the first ever date of service for this HCBS by this provider. The First Date of Service is the start of the Initial Service Period of 60 days/96 units/24 hours.

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

The Authorization End Date should reflect the day the authorization period with end. The Authorization End Date cannot be more than six (6) months from the Authorization Begin Date. Specific objectives for specific service goals can be for a shorter period of time within the Authorization period.

Providers will click **Begin Authorization** once all three fields are completed.

Next, the HCBS provider must enter their desired Frequency and Scope of the service and provide a justification for this request. Justification must be given as a narrative response, thoroughly explaining the necessity of service provision at the requested F/S/D.

Authorization Services

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

Prevocational Services (T2015)
Prevocational Services

Scope	Frequency	Modality	Unit Type	Visits	Hours	Units	+ Add Scope/Frequency

There are no authorizations for this service.

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

Authorization Dates

First Date of Service	**Authorization Begin Date**	**Authorization End Date**	✏ Edit Dates
Oct 1, 2024	Oct 1, 2024	Oct 31, 2024	

Justification for Authorization

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

[   ] 💾 ✕
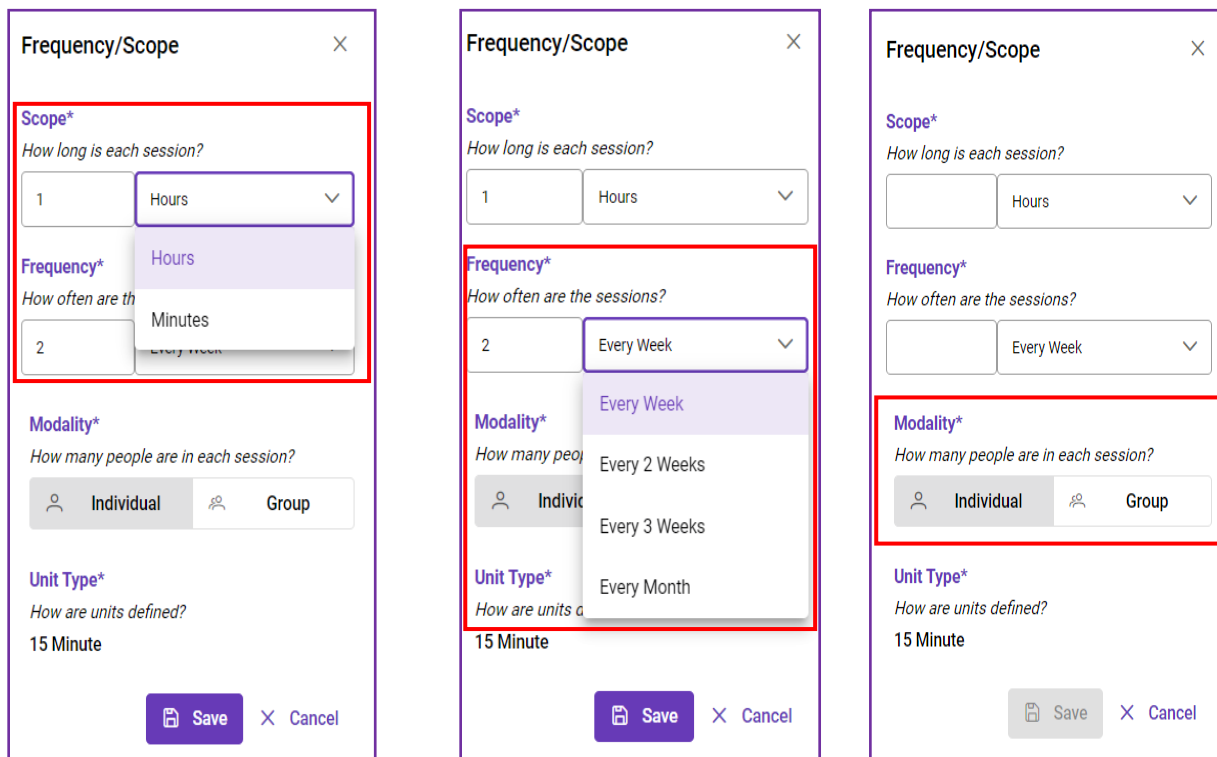
Authorization Services

| | | | | | 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	Visits	Hours	Units	+ Add Scope/Frequency

There are no authorizations for this service.

🚫 Permanently Delete Authorization   ✕ Cancel   Next: Goals & Objectives →

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.

NOTE: Caregiver Family Advocacy and Support Services (CFASS) can be provided at Level 1, Level 2, or a mix of both levels. The levels are related to different qualifications of the staff providing the service.

Authorizations are specific to the service level for CFASS. When both levels are utilized, each level must be requested individually, as its own F/S/D. If a permanent staff change results in a different CFASS level, a new authorization for that service must be completed and submitted to the Plan at least 14 days before filing a claim for the service at a different level than what is currently authorized.

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

Planned Respite / **Community Habilitation**

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 / **Group Respite**

When the HCBS provider clicks **Save**, the Frequency and Scope will be displayed under the **Authorization Services** section. In the right-hand corner of the box, the number of visits, hours, and total units for the authorization period will be shown. **The HCBS provider cannot move forward until all fields on the tab are completed.**

After submitting all required information, the HCBS provider can navigate to the next tab by selecting **NEXT: Goals & Objectives.**
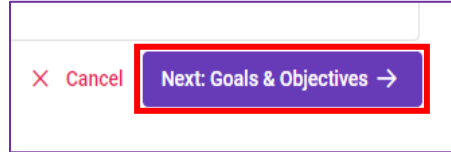
On the **Goals** tab, the HCBS provider can click **Add Goal** and use the drop-down menus to establish the status of each goal. **Each service must have at least one goal. Each goal must be accompanied by at least one objective.**

Goals must be Specific, Measurable, Attainable, Relevant, and Time bound (SMART). The goals must be specific to the service definition and what is allowable for the service. Goals should have a projected timeframe for completion. 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 may have different timeframes based on the specific activities or tasks that will be provided.

The HCBS provider must indicate if each goal was **Not Met**, **Partially Met**, **Complete**, or **No Longer Applicable**. The **Not Met** status indicates that the goal set for the individual has not been achieved. 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.

The **Partially Met** status indicates that some progress has been made towards the goal, but it has not been fully achieved. The child/youth may have shown improvement or accomplished some aspects of the goal through several objectives, but further work is needed.
The **Complete** status indicates that the goal has been fully achieved. The child/youth has successfully met the objectives set out in their service plan for this particular goal.

The **No Longer Applicable** status is used when the goal is no longer relevant or appropriate for the child/youth. This could be due to changes in the child/youth's circumstances, needs, or preferences.

Once goals and objectives are entered, providers must click the **Save** button to proceed.

Once entered into an authorization, goals and objectives will auto-populate into any future authorizations that are generated within the Referral and Authorization Portal. Providers will use the Status drop down to show a history of the participant's progression through services.

After entering detailed Goals, the HCBS provider can navigate to the next tab by selecting **NEXT: Provider.**

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

To add an HCBS Agency Contact, click **Add HCBS Contact**. The HCBS Contact should be the point of contact at the agency to answer/address any questions related to the authorization request. This contact does not need to be the individual who provides service.

When the HCBS provider clicks **Add HCBS Contact**, the Care Team Members section will appear. Here, the HCBS provider uses the drop-down menu to select an existing staff member or add a new staff member. To add a new staff member, simply type their name in the text box. Providers can enter multiple Agency contacts. At least one contact must be marked as the **Primary Contact** before proceeding. To mark the primary contact, select the check box under the staff member.
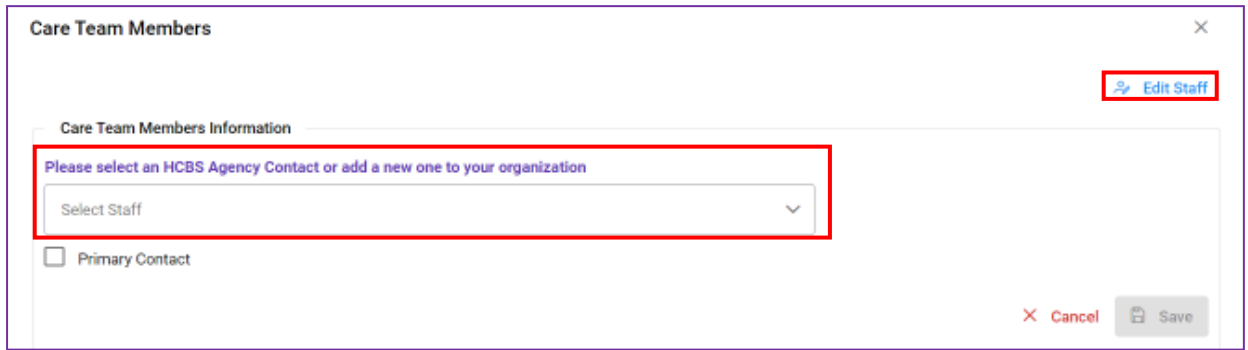
To add an HCBS Service Provider (staff who will provide the service), click **Add HCBS Provider**.
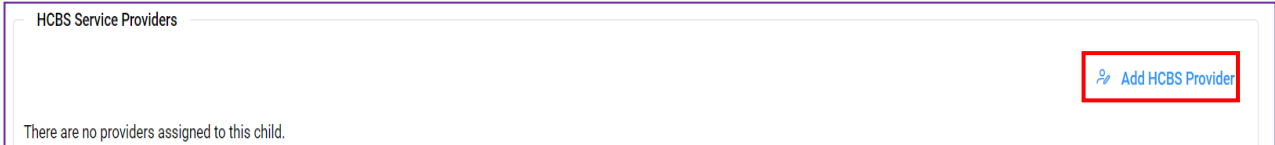
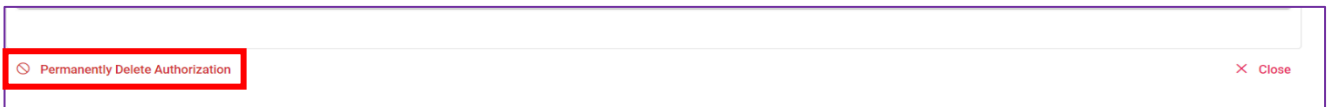When the HCBS Provider clicks **Add HCBS Provider**, the HCBS Service Provider section will appear. Click the drop-down menu to select an existing staff member or add a new staff member.
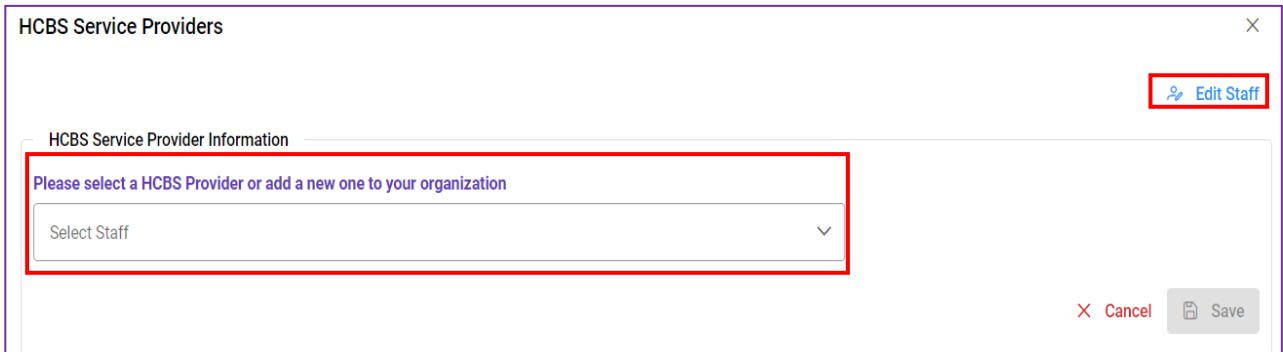
a.   Deleting an Authorization

If the decision has been made to delete an authorization, the HCBS provider can select **Permanently Delete Authorization** on the F/S/D tab at any time prior to the authorization being finalized. Only an HCBS provider can delete an authorization. A finalized authorization cannot be deleted.

b.   Canceling an Authorization

Any time before the authorization is submitted, the HCBS provider can exit out of the authorization by pressing the **Cancel** button on any page. This will cancel any information that was submitted on the authorization, without saving.

A finalized authorization cannot be deleted.
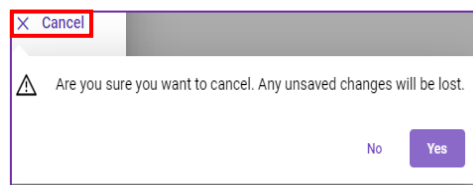
C. Submitting an Authorization

Once provider staff members have been added, the **Review** tab will provide a snapshot of all authorization related information entered by the HCBS provider. The HCBS provider must review the page and then attest to the information before pressing **Submit**. The **Submit** button can only be selected after the HCBS provider clicks both attestations.

After clicking the **Submit** button, the authorization will now have a **Submitted** status. **No further edits to the F/S/D, Goals, or Provider tabs can be made after submitting the authorization.** For FFS authorizations, Department of Health (DOH) will receive an alert notifying them that an authorization is ready to review. DOH will enter the Referral and Authorization Portal to review and make a determination about the FFS authorization request.

As the HCBS provider attested to before submitting, authorizations for MMCP enrolled participants are required to be sent by the HCBS provider to the MMCP securely **outside of the Portal**. HCBS providers can download the authorization as a PDF from the Referral and Authorization Portal. The authorization can be printed by selecting **Service History** from the **HCBS Services Tab** of the **Child Case Page.**
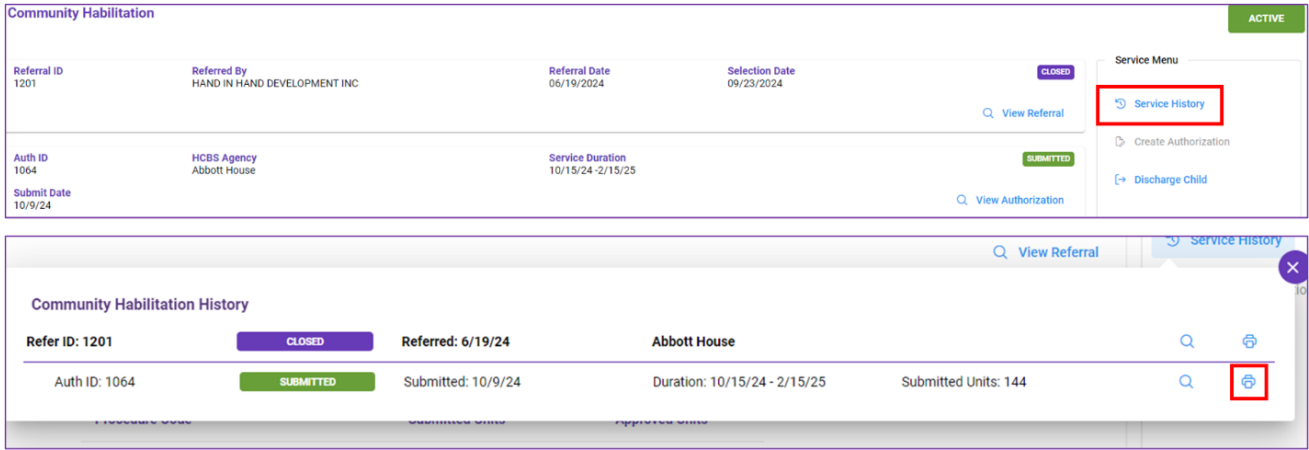
After download, the HCBS provider will submit the authorization request to the MMCP through a secure method agreed upon by the HCBS provider and MMCP.

The last tab of the Authorization is the **Attachments** tab. Currently, uploading attachments is optional for MMCP participants. For FFS participants, HCBS providers will use this tab to upload documentation to support service necessity, as needed.

The **Attachments** tab is used to upload supporting documentation in relation to the child/youth's service needs. Once documents have been uploaded to this tab, and the authorization has been submitted, the documents will be viewable to the care manager, Health Home, HCBS provider who submitted the authorization request, and Department of Health (DOH). Other HCBS providers who serve the child/youth will not be able to see the uploaded documents.

Once a document is submitted, the system will create a snapshot and save for download. If the document is edited, the original submission will be overwritten with the new upload. Once the authorization is finalized, no further edits will be allowed to any attachments.
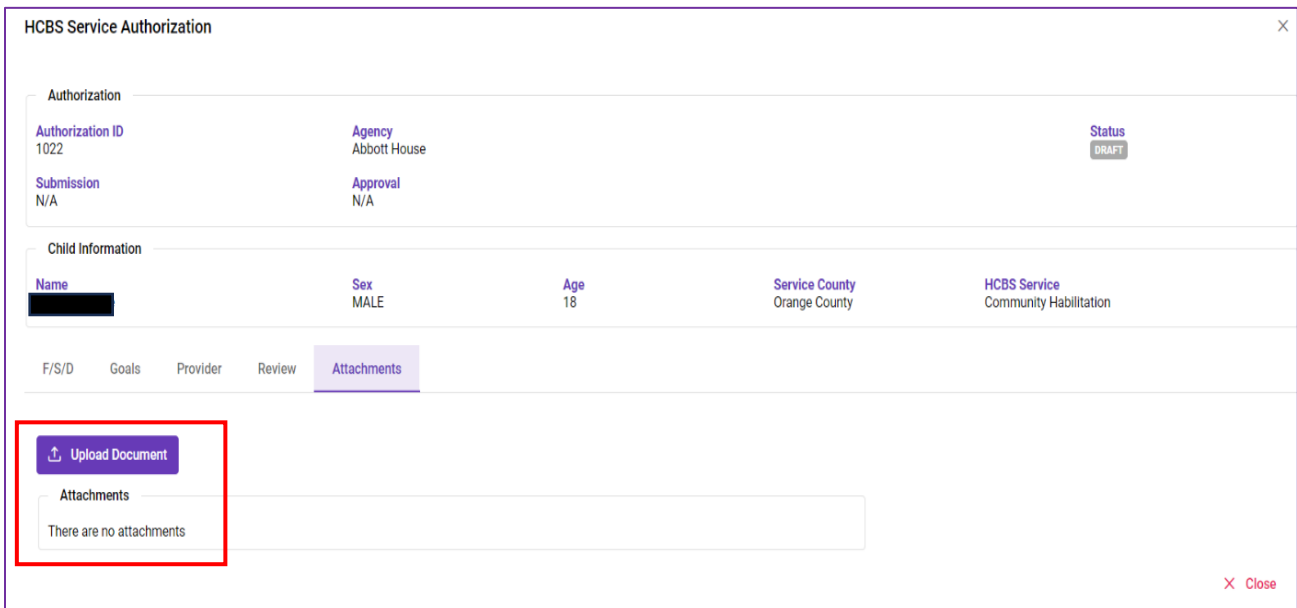
Once the HCBS provider submits the authorization, they can navigate to the Child Case Page, under

the HCBS Services tab, within the specific service, and can select **View Authorization**. This will direct the user back to view the authorization they submitted. Here, they can make edits to the authorization that was started until it's submitted. Once submitted, only Attachments can be edited. Once the authorization is finalized, no information or attachments associated with the authorization can be edited.

Users will see a Submitted Status along with a tag indicating that the authorization is awaiting approval. Users can review the submitted information in each tab of the authorization. Once the provider receives a response to the authorization request, they can move to the **Approval** tab to review/finalize the authorization..

D.   Medicaid Managed Care Plan (MMCP) Responses

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

After submitting the authorization to the MMCP and receiving a determination from the MMCP outside of the Referral and Authorization Portal, the HCBS provider will re-enter the Referral and Authorization Portal to input the MMCP's authorization determination on the **Approval** tab.

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

The HCBS provider will not have access to the **Approval** tab until they have clicked the **Submit** button on the **Review** tab of the authorization.

On the **Approval** tab, the HCBS provider will need to indicate the authorization determination they received from the MMCP. The HCBS provider will indicate whether the authorization request was **Fully Approved**, **Partially Approved**, or **Denied**. The HCBS provider will need to input the total approved units/hours for each procedure code requested. If necessary, the HCBS provider will adjust the F/S/D of services to match the MMCP's approval in the text box provided on the **Approval** tab.

The HCBS provider will upload a copy of the Authorization Determination that they received from the MMCP through the **Upload Managed Care Authorization** button on the Approval tab.

If the MMCP fully approves the authorization: The HCBS provider will select **Fully Approved**. The user will not have to manually enter the units, as the Referral and Authorization Portal will automatically populate the quantity of units originally entered by the HCBS provider and submitted to the MMCP, which was approved.

If the MMCP partially approves the authorization: The HCBS provider will select **Partially Approved** and will need to enter the approved units **or** hours into the text box provided. If the units that the MMCP approved differ from the HCBS provider requested units, then the HCBS provider will need to update the F/S/D on the **Approval tab using the *Please describe how the partial approval may impact your frequency and scope* box.** In this box, the HCBS provider will provide an updated F/S/D that aligns with the approved units within the Approval tab.

In the case that the MMCP partially approves the authorization, the authorization status will be displayed as 'Partially Approved'.

If the MMCP denies the authorization: The HCBS provider will select **Denied** and the system will automatically enter zero (0) units.

If denied, the denied status will be displayed on the service.

Once authorization determination information is entered into the **Approval** tab, and any adjustments needed to F/S/D are made, the HCBS provider will click the **Finalize** button. Once this button is selected, the authorization cannot be further altered. Once finalized, a notice that a finalized authorization is now available will be included in the next day's HHCM/C-YES Daily Digest.

Since this notification will take place through the system, HCBS providers are no longer required to notify the HHCM/C-YES of approved F/S/D for MMCP participants outside of the portal.

E.   Fee-for-Service (FFS) Responses

For FFS participants, the Department of Health (DOH) will enter the Referral & Authorization Portal and issue a determination on the authorization request submitted to the Referral and Authorization Portal by the HCBS provider. DOH will determine the authorization request on the **Approval tab** and determine if the request is approved, partially approved, or denied. DOH will also provide a written explanation justifying the authorization determination within the **Approval tab.**

When DOH enters an FFS authorization determination in the Referral and Authorization Portal, the HCBS provider will receive a notification alerting them that an authorization determination has been issued. The care manager will also receive information in their next Daily Digest alerting them that an authorization has been finalized. Once DOH enters an authorization determination in the portal, the authorization is considered finalized. Once the authorization is finalized, the authorization cannot be altered any further.

After receiving notification of the finalized authorization determination, the HCBS provider will re-enter the Portal to review the determination. If the authorization is fully approved or denied, the care manager will be notified by the portal. The HCBS provider is not required to contact the care manager outside of the portal to share this information.

If a partial approval is issued, the HCBS provider must contact the care manager outside of the portal to provide details on the FFS authorization and adjusted F/S/D. The adjusted F/S/D must align with the authorization determination issued by DOH.

F.   Ending Authorizations

An active service can only be ended by a discharge. HCBS providers or care managers can discharge the child/youth at any time.

Care managers can discharge participants from the Children's Waiver and when this is done, the participant will be discharged from all the services they are receiving HCBS providers can discharge participants from a particular service.

Not all services will require an authorization request. If a service was canceled, or it was determined that the child/youth does not require additional services beyond the initial service period, they will be discharged, and no authorization request will be submitted.

The system will notify HCBS providers 14 days prior to an authorization's expiration. If there is a continued need for the service, the HCBS provider should submit a re-authorization request at least 14 days prior to the existing authorization period ending.

SECTION 4 – SYSTEM NOTIFICATIONS

A.   Daily Digest Emails

HCBS providers and HHCM/C-YES with the Manage Child Referrals role will receive a Daily Digest email, which will contain information on whether referrals are ready to be viewed, if responses to referrals are available, if children/youth on the Agency Waitlist have expired, if a child/youth was discharged from service, and any Connections that were confirmed on the previous day, etc. as seen below. HCBS providers and HHCM/C-YES will all receive similar information on their Daily Digest email.

For authorizations, HCBS providers will be able to see any upcoming re-authorizations, which will appear 21 days before the existing authorization expires, and initial authorizations where an alert will appear if a child/youth's file does not have an authorization submitted within 30 days of HCBS provider selection. This information can also be accessed from the system menu bar.

Example of a Daily Digest email sent to an HCBS provider:

New York State: Incident Reporting and Management System

HCBS Referral: Daily Digest

Below is the HCBS Referral Summary for **HAND IN HAND DEVELOPMENT INC** on **10/17/2024**

CMA Selections Ready

View Child	Due: 10/21/2024
View Child	Due: 10/10/2024
View Child	Due: 07/10/2024
View Child	Due: 06/19/2024

Response Alerts

View Child	Due: 10/15/2024 *(Late)*
View Child	Due: 10/07/2024 *(Late)*
View Child	Due: 10/03/2024 *(Late)*

Expired Authorizations

View Child	Expired: 10/04/2024

Waitlisted Children

Agency Waitlist	1
Statewide Waitlist	6

Example of a Daily Digest email sent to a HHCM/C-YES:

New York State: Incident Reporting and Management System

HCBS Referral: Daily Digest

Below is the HCBS Referral Summary for **HAND IN HAND DEVELOPMENT INC** on **08/01/2024**

CMA Selections Ready

View Child	Due: 08/07/2024
View Child	Due: 07/10/2024
View Child	Due: 06/19/2024

Response Alerts

View Child	Due: 07/30/2024 (Late)
View Child	Due: 07/30/2024 (Late)
View Child	Due: 07/26/2024 (Late)
View Child	Due: 07/24/2024 (Late)

Yesterday's Discharges

View Child	Reason: Family Choice

Yesterday's Confirmed Connections

View Child

Waitlisted Children

Statewide Waitlist	3

This is an autogenerated email from the IRAMS system.
Please do not reply directly to this email.
You may update your email preferences on your user profile.
[**New York State IRAMS**]

- HHCM/C-YES will receive a Daily Digest email which will contain:
  - CMA selections available, due within 3 days, or late
  - HCBS responses due within 3 days, expiring in 3 days, or late
  - Waitlists expiring within 10 days
  - Counts of Statewide Waitlist
  - Counts of newly discharged children/youth
  - Counts of newly confirmed Connections

- Alerts on Child/Youth Records within the system will include:
  - Late action
  - Action due soon
  - Expiring record

Other email notifications for HCBS Providers include alerts for new referrals, as seen here:
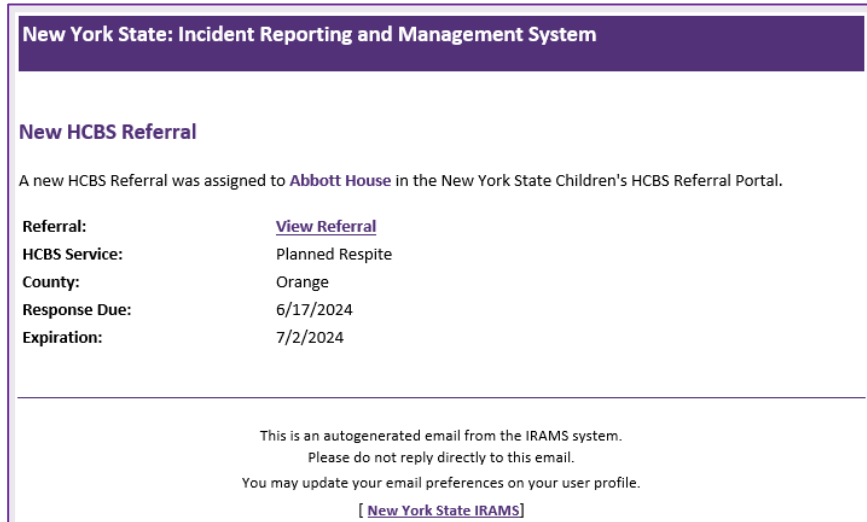
Users will be able to turn their Daily Digest emails off by adjusting the toggle buttons on the User Profile page as shown in the image below:
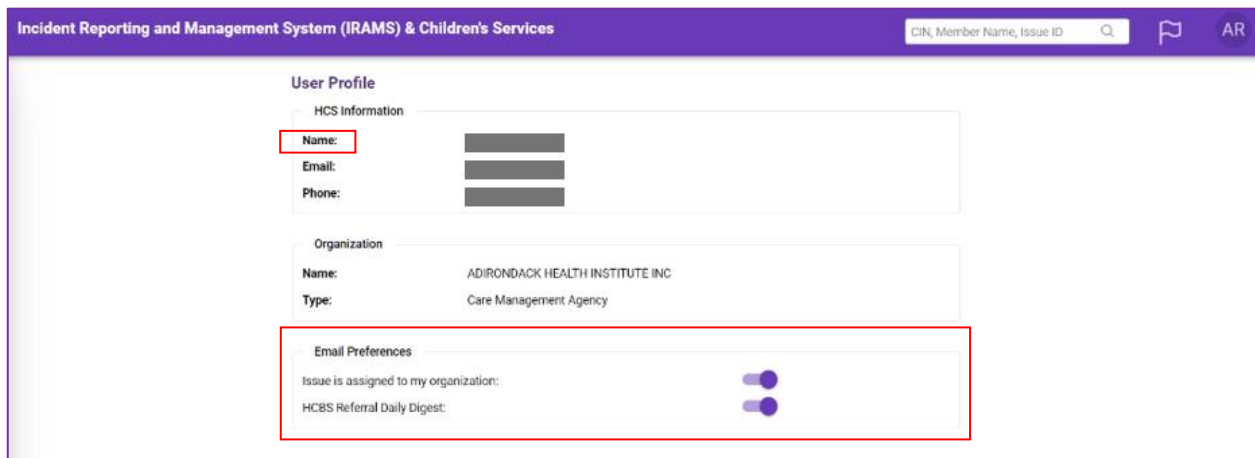
B.   Menu Alerts

In addition to the Daily Digest, users will be able to see various alerts pertaining to referrals and authorizations via the system menu bar. This menu bar will contain alerts directing the user to points of interest.

Children's Services			Children's Services		
HCBS Child Listing			HCBS Children		
HCBS Children			**HCBS Services**		
HCBS Services			Active Services		4
Active Services		3	Open Referrals		5
Open Referrals		4	Waitlist		1
Waitlist			Eligibility Issue		
HCBS Referral Responses			**HCBS Authorizations**		
Reponse Needed		2	No Authorization		
Reponse Due Soon			Expired Authorization		1
Reponse Late		1	Authorization Expiring Soon		
CMA Referral Selections			FFS Approval		
Selection Needed		2	MCO Approval		
Selection Due Soon			**HCBS Referral Responses**		
Selection Late		2	Reponse Needed		2
			Reponse Due Soon		
			Reponse Late		2
			CMA Referral Selections		
			Selection Needed		3
			Selection Due Soon		
			Selection Late		2

Appendix

A.   Technical Assistance

I.   Health Commerce System (HCS)

If you are having trouble with your Health Commerce System (HCS) password, multi-factor authentication, or if you get locked out or your account, please contact Commerce Account Management Unit (CAMU) at *camusupp@health.ny.gov*

NOTE: This is NOT a helpline, it is a technical support service.

How to create an HCS Account:

https://www.health.ny.gov/professionals/office-based_surgery/docs/hcs_account_paperless_app_process.pdf

Reach out to your agency's HCS coordinator to create an HCS account for you.

NOTE: You must log into HCS once your account is created to activate

II.   IRAMS

You can access IRAMS with this link: *https://increp.health.ny.gov/*

III.   Provider Support

Behavioral Health Mailbox: *BH.Transition@health.ny.gov*

B.   Referral Definitions & Statuses

Definitions of Relevant Terms

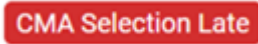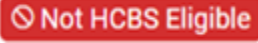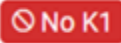| Term	Definition
Active Service	A referral has been entered in the Referral & Authorization Portal and an HCBS provider has been selected to provide the services.
Agency	Pertains to HCBS providers who will respond to referrals and provide services for children/youth when appropriate.
Agency Waitlist	A list of children/youth for whom an HCBS provider indicates they may be able to provide service in the next 90 days. The HCBS provider must monitor this waitlist.
Authorization	Approval given (either from a MMCP or DOH) to HCBS providers to deliver billable services to children/youth at a specified Frequency, Scope, and Duration.
Authorization Begin Date	Reflects the day an authorization period will start. This date must be at least 14 days from the date of authorization request submission.
Authorization End Date	Reflects the day an authorization period will end. This date cannot be more than 6 months from the day the Authorization Begin Date. Specific objectives for service goals can last for a shorter period of time within the authorization.
Care Manager (CM)	Pertains to Health Home Care Managers/Children and Youth Employment Services (HHCM/C-YES) who are responsible for creating and managing referrals.
Child Case Page	Page containing Protected Health Information (PHI) and full referral information for the child/youth. Care managers (CM) and providers (referred to and/or serving the
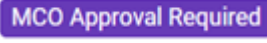
		child/youth) can view and edit information.	
First Date of Service		The First Date of Service is the first ever date of service for this HCBS by this provider. The First Date of Service is the start of the Initial Service Period or 60 days/96 units/24 hours.	
HCBS Child Summary		Summary page of child/youth information including Client Identification Number (CIN), Date of Birth (DOB), and name, limited information viewable for historical purposes and in other circumstances.	
Referral		Request sent from care managers to HCBS providers, for the HCBS provider to determine whether they can serve the child/youth's needs.	
Statewide Waitlist		A list of children/youth where HCBS providers have indicated that they are currently unable to provide services. Care Management Agencies (CMA) must monitor this waitlist.	

Referral & Authorization Portal Statuses

Type	Status	Description	Creating Org
HCBS Service	REFERRAL	The service is in the referral process	CM
	ACTIVE	A provider was selected from a referral	CM
	AGENCY WAITLIST	No HCBS provider accepted a referral, and at least one provider responded with Agency Waitlist	System
	STATEWIDE WAITLIST	All HCBS provider responses to the referral were declined or there are no designated providers in the county	System
	DISCHARGED	An HCBS provider or CM discharged the child/youth from the service	Agency/CM
Referral	OPEN	There is an active referral where the child/youth is waiting for: 1. An HCBS provider to respond to the referral, 2. The CM to select a provider, or 3. The child/youth is on a Statewide or Agency Waitlist	CM
	CLOSED	An HCBS provider was selected, or the CM closed the referral with a selected reason	CM
Referral Responses	NO RESPONSE	The HCBS provider(s) has not responded to the referral	System
	WITHDRAWN	The CM withdrew the referral from a provider(s)	CM
	ACCEPT	The HCBS provider(s) accepted the referral	HCBS
	WAITLIST	The HCBS provider(s) added the child/youth to their Agency Waitlist	HCBS
	DECLINE	The HCBS provider(s) declined the referral	HCBS
	SELECTED	The HCBS provider accepted the referral, and the CM selected the HCBS provider	System
Authorization	DRAFT	The authorization has been started by has not been submitted or finalized. Edits can be made to all sections of the authorization. A draft authorization can be permanently deleted.	HCBS
	SUBMITTED	The authorization has been submitted, no further updates can be made to the F/S/D, Goals, or Provider tab of the authorization, once submitted. Attachments may be added to the authorization in this status. For MMCPs, the HCBS provider will send the authorization request in submitted status outside of the portal. For FFS, DOH will review the authorization request within the portal once in submitted status. A submitted authorization can be permanently deleted if no longer needed.	HCBS
	FINALIZED	A determination on the authorization has been made and recorded in the portal. The authorization is complete and no	HCBS

| | | further edits to any tabs of the authorization can be made. Depending on the authorization determination, a finalized authorization will appear as one of the following status:

Approved – All requested hours/units contained within the submitted authorization request have been authorized.

Partially Approved – Some, but not all of the requested service hours/units contained within the submitted authorization request have been authorized. The HCBS provider will adjust the dates and/or hours/units to match the approved F/S/D.

Denied – The submitted authorization has been denied.

The authorization cannot be deleted once finalized. | |

Referral & Authorization Portal Icons

Alert Icon	Alert Title	Alert Meaning
CMA Selection Late	CMA Selection Late	The care manager is late to select an HCBS provider to serve a referral.
⊘ Not HCBS Eligible	Not HCBS Eligible	A child/youth is not eligible for HCBS
⊘ No K1	No K1	A child/youth does not have a K1 code
Auth Expiring Soon	Authorization Expiring Soon	The authorization is nearing its expiration date
HCBS Response Due Soon	HCBS Response Due Soon	The due date for an HCBS provider to respond to a referral request is approaching.
☑ MCO Approval Req'd MCO Approval Required	MCO Approval Required	Approval from the Managed Care Organization (MCO) is necessary
🗋	Documents Available	Supporting documentation is available to view
✏	Edit	Information in the indicated location can be added to or edited
⊖	Not Eligible	The child/youth does not meet the necessary criteria for the specified item and is not eligible for HCBS referral and/or authorization
☑	Eligible	The child/youth meets the required criteria for the specified item
⤓	Download File	File is available for download
🗑	Remove File/Information	File/information is available to remove
🖶	Print	Print/download a referral or authorization