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

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This FAQ primarily addresses questions related to the general HCBS Authorization Request process within the Incident Reporting and Management System (IRAMS). Additional information about the Fee-for-Service (FFS) Authorization process can be found in the FFS Authorization Policy

This FAQ document is meant to serve as a resource alongside the HCBS Referral & Authorization Portal User Guide. For guidance on questions related to the referral process or the Portal in general, please reference the Children's HCBS Referral & Authorization Portal FAQ.

This document is continuously updated. Questions added in the most recent iteration of this document are shaded.

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Topic	Question	Answer
Authorization Process	Will the Medicaid Managed Care Plan (MMCP) take authorization information from the Referral & Authorization Portal, or will HCBS providers still be required to send it to them via the form or the MMCP's own portal?	Starting October 21st, 2024, only authorizations created in the Referral & Authorization Portal will be accepted for MMCP and FFS authorization requests. All authorizations created within the Portal for MMCP members will need to be downloaded or printed by the HCBS provider and submitted to the MMCP outside of the Portal using a secure method agreed upon by the MMCP and HCBS provider, as it occurs prior to this release.
Authorization Process	Will providers still need to notify the MMCP via email that they will be starting the 96 units/60 days/24-hours initial	HCBS providers are still required to notify the MMCP of the first HCBS appointment. This notification process remains mandatory and will continue to be conducted outside of the Referral &

	service period? Or will the Referral & Authorization Portal act as the notification as well?	Authorization Portal. [Utilization Management and Other Requirements for 1915(c) Children's Waiver Services (ny.gov)](#)
Authorization Process	For existing Fee-for-Service cases, would service providers request a new authorization or wait until the current authorization expires and then place the request?	HCBS providers should not wait until the current authorization expires for both MMCP and FFS, before requesting a new one through the Portal. The new authorization request must be submitted at least 14 days prior to the current authorization expiration to avoid any gaps in service.
Authorization Process	Does the member's schedule on the authorization pre-populate from the HCBS Referral? We had a provider say they can't alter it because it's how it comes to them.	The participant schedule information is generated by the CM at the time of referral. The HCBS provider has the opportunity to review this information during the authorization process. If any changes or updates are necessary, the provider can make those adjustments at that time to reflect the participant's current needs and circumstances.
Authorization Process	Can you please explain which entity is responsible for issuing the official approval notice to families for the Initial Service Authorization for HCBS waiver services?	For participants enrolled in an MMCO, the MMCP is responsible for issuing the service authorization determination to both the HCBS provider and the participant/family. For FFS participants, NODs are sent by the Department.
Authorization Process	When a client is no longer HCBS eligible before the authorization expires, can the client still receive services until the expiration of the authorization?	A participant must have active Medicaid, active K codes, and an active HCBS eligibility determination or a requested Fair Hearing with Aid to Continue granted in order to receive HCBS. If the participant's HCBS eligibility has expired, and no Fair Hearing has been requested, it would not be permissible to provide HCBS, even if an HCBS authorization is still valid.

Authorization Process	Is the Care Manager (CM) notification form going through the Referral & Authorization Portal or via email as per the current process?	Once an Authorization has been finalized in the Portal with the outcome from the MMCP/FFS, the care manager will be able to access finalized Authorization information. This information will appear on the Care Manager's next Daily Digest, indicating that a new authorization has been finalized. Since this information will be communicated through the Portal, there is no longer a need for the HCBS provider to issue the *Children's HCBS Authorization and Care Manager Notification Form* to the care manager.
Authorization Process	If MMCPs receive the old *HCBS Authorization and Care Manager Notification Form* after 10/21/24, what should the MMCP response be? Should the MMCP process the old form or send it back to the HCBS Provider and request an updated copy from the Referral & Authorization Portal?	MMCPs should send it back and remind HCBS providers that only authorizations developed in the Portal will be accepted. If the MMCP continues to receive the old form, they then can deny authorization requests submitted on or after 10/21/24 that are submitted on the old *Children's HCBS Authorization and Care Manager Notification Form*. Only authorization requests generated from the Referral & Authorization Portal can be accepted beginning 10/21/24.
Authorization Process	When a child has a change in Client Identification Number (CIN), it may take up to 30 days for the K-codes to show up on the new CIN. Will services need to be placed on hold if providers cannot request HCBS authorization?	When a participant has a CIN change, as long as a Care Manager follows the established process (the new CIN has been entered in the Medicaid Analytics Performance Portal (MAPP) Health Home Tracking System (HHTS) and Uniform Assessment System (UAS), the K-codes only take 3 business days to be reflected in the system. If the established process is followed, there should be no delay in services.
Authorization Process	Should HCBS providers continue to send all requested documents to Managed Care Plans?	At this time, HCBS providers will continue to send all requested documents to the Managed Care Plan outside of the Referral & Authorization Portal.
Authorization Process	Please advise on the requirement to send a new authorization request 14 business	The authorization request must be submitted 14 calendar days prior to the end of the initial service period (for new

	days prior to the end of an existing authorization. Until now the regulation did not specify business days, only 14 days.	authorizations) or existing authorization period (for re-authorizations). [Utilization Management and Other Requirements for 1915(c) Children's Waiver Services (ny.gov)](https://ny.gov)
Authorization Process	Some MMCPs do not accept the authorization form and HCBS providers must enter all the information into their portal separately. This will duplicate work for HCBS providers.	MMCPs are informed that they MUST accept this updated version of the form. MMCPs should not be requiring providers to input this information separately into an alternate system. A [reminder](#) about this was issued in January 2025.
Authorization Process	Filling an authorization per service is a significant administrative burden. Is there any way to populate all services on the authorization form?	While each individual service will require its own individual authorization, the Portal will streamline authorization completion by prepopulating participant information from the Child Case Page, and prepopulating information from the previously entered authorization request to any future authorization requests. The individual service information required is no different than it was prior to launch of the Portal.
Authorization Process	Will HCBS providers need to submit one form per service? If a client has two or three services, can those service authorizations be completed with one form?	Providers will submit an authorization request for each service needed individually. If a participant requires three HCB services, three separate authorization requests will be submitted.
Authorization Process	If submitting a NEW authorization request, will dates still need to be submitted 14 days in advance?	If submitting a new authorization request, the authorization needs to be completed at least 14 days prior to the end of the initial service period of 60 days/96 units/24 hours.
Authorization Process	If services are being provided individually during the authorization period and the family decides that they want group services, should the HCBS provider submit a new authorization request just for group services?	If the family wishes to transition from individual services to group services during the authorization period, a new authorization specifically for the group services will be required. HCBS providers should be updating the authorization form or speaking to the MMCP/DOH when there are adjustments to service delivery based on need of the participant.

Authorization Process	Why would HCBS providers be requesting authorization for a goal that is complete or no longer applicable?	The Portal maintains a history of all goals included in any previously submitted authorization requests. These goals will automatically prepopulate on a future authorization request. If the goal is complete or no longer applicable, it should be marked as such so that it will be removed from future authorization requests. Complete and no longer applicable goals are not included for authorization purposes but instead to provide accurate record-keeping and reporting, which helps demonstrate the effectiveness of the services provided.
Authorization Process	If HCBS providers upload additional documents, will they be required to reprint the documents to send outside of the Portal?	The upload documents feature is currently optional for MMCP participants. HCBS providers are not currently required to upload documents to the "attachments" tab when submitting authorization information in the Portal. However, HCBS providers must upload the MMCP's Authorization Determination on the "Approval" tab of the authorization.
Authorization Process	Will Care Management Agencies have the option to approve FFS authorizations requests?	Care managers do not approve authorization requests. It is the responsibility of the HCBS provider to discuss frequency, scope, and duration (F/S/D) with the participant/family/care manager and receive agreement to move forward. Once the authorization request has been finalized in the Portal, care managers will receive notice of this finalization in their next Daily Digest.
Authorization Process	If the MMCP only partially approves the requested hours, does the HCBS provider change the authorization?	If the MMCP only partially approves the requested hours, the HCBS provider will update the F/S/D of the authorization on the Approval tab of the Authorization to reflect the approval issued by the MMCP. The HCBS provider will also upload the formal approval letter/document issued by the MMCP.
Authorization Process	Should providers simply enter new authorizations	Previously issued/currently active authorizations are **not required** to be

	after 10/21/2024 or enter previously issued and/or currently active authorizations?	reported in the Portal currently. Only authorization requests made on or after 10/21/2024 are expected to be reported to the Referral & Authorization Portal.
Authorization Process	HCBS providers are sometimes given partial approval with a different date range than originally requested. Will providers have the option to edit the date range as well?	Yes. The authorization effective dates can be adjusted on the Approval tab of the authorization. Also on this tab, the HCBS provider will also upload the formal approval issued by the MMCP.
Authorization Process	If the HCBS provider opts to not utilize the initial service period allotment of 60 days/96 units/24 hours, and only begins providing services after the official authorization, is the provider still required to notify the MMCP of the first appointment?	HCBS Providers are always required to notify the MMCP of the first appointment. This notification must take place outside of the Portal. HCBS providers are encouraged to use the initial service period to conduct intake/assessments with the participant/family, determine F/S/D, and finalize service goals. Opting out of the initial service period may delay service delivery and is not recommended as a standard practice.
Authorization Process	Can HCBS providers upload the email notification from the MMCP to show authorization approval?	Yes, the official email from the MMCP stating approval, partial approval, or denial may be uploaded into the Portal to demonstrate the authorization decision as long as the email clearly identifies the participant and the details of the authorization determination.
Authorization Process	What kind of information is the Department and the MMCP looking for in the justification for F/S/D?	The HCBS provider should include clear details on why the service is needed in the requested F/S/D and how the service will be used to support those needs. For re-authorizations, providers should outline why continued service is needed, what has been accomplished during service delivery so far, and what will continue to be worked on if re-authorized. Providers should also note any barriers or obstacles that have or are expected to impact service delivery/completion of goals.
Authorization Process	Do providers have to update the Referral &	Participants are expected to receive services in alignment with the

	Authorization Portal in the Incident Reporting and Management System (IRAMS) if there is a change to the service plan or F/S/D?	authorized F/S/D. If a change in F/S/D is needed (increase or decrease) a new authorization should be obtained and the Service Plan should be updated.
Authorization Process	What should a provider do next if the authorization is denied?	The HCBS provider should carefully examine the specific reason for the denial. If there are questions about the reason for denial, those questions can be directed to the MMCP. If interested in pursuing an appeal, the HCBS provider and/or participant/family can request an appeal by following the appeal process outlined in the denial letter issued by the MMCP. The HHCM/C-YES should be notified of any initiated appeals.
Authorization Process	Will care managers be notified once the authorization is finalized? What action will be needed on their part?	The HHCM/C-YES will get a notification of a finalized authorization in their next IRAMS Daily Digest. Additionally, on the HCBS Child List page, providers and HHCM/C-YES can view the menu notifications that display this information.
Authorization Process	What happens if the authorization approval from the Managed Care Organization (MCO) has been uploaded to IRAMS and finalized with the incorrect dates. Which dates should HCBS providers go by? The dates that the MCO provided, or the dates written in IRAMS?	The HCBS provider must adhere to the dates specified by the MCO. If the MCO approves a timeframe different than what was originally requested, the HCBS provider should adjust the duration dates on the "Approval" tab of the Authorization request for alignment with the MMCP's authorization determination prior to finalizing in the system.
Authorization Process	If the F/S/D changes but the current authorization can accommodate the change, do we still need to enter a new authorization?	If the F/S/D changes but remains within the approved amount of units, no new authorization is needed. The provider must verify total units/hours stay within approved limits, document changes in the participant's record, and communicate with HHCM/MMCP as needed. The participant's Service

		Plan must be updated to reflect the new F/S/D. If changes exceed the authorized units, a new authorization request must be submitted.
Policy	Are HCBS providers required to keep authorization information in their agency records?	Currently, communication and submission to MMCPs will take place outside of the Portal. This communication and tracking of submissions must be maintained in the participant's record. All information related to HCBS authorization must be made available for audit, as requested.
Policy	Which documents need to be attached to an authorization request?	The attachments tab is currently optional for MMCP participants, since the authorization submission to the MMCP is still outside the Portal. For FFS participants, it is expected that providers upload documentation to support service necessity, as appropriate.
Policy	Do HCBS providers have to update the authorization if the staff member changes?	No, the staff member reported on the authorization is the staff member assigned at the time of the authorization submission. If the staff member changes, a new authorization is not needed, unless the staff change results in a change in authorization needs (i.e., change in F/S/D, change from Caregiver Family Advocacy and Support Services (CFASS) level 1 to level 2, etc.).
Policy	Can this authorization just be used as a service plan as it is requesting all of the same information?	The HCBS Authorization Request and HCBS Service Plan have different purposes and requirements. While they share some information, the authorization request doesn't include all details needed for a complete HCBS Service Plan. The information on the authorization can and should be used to build an HCBS Service Plan.
Policy	What if the CFASS provider level changes from Level 1 to Level 2 or vice versa? Do HCBS providers have to	In this instance, if the staffing change is permanent, a new authorization would need to be submitted for CFASS at least 14 days before filing a claim for the service at a different level than

	complete a new authorization form? Is the HCBS provider able to just email the MCO?	what is currently authorized. Additional information on how to handle staffing changes for CFASS can be found in Appendix C of the [Children's HCBS Authorization Instructional Guide]().
Policy	If a staffing change is not permanent for CFASS, would a new authorization be required within the Portal?	The HCBS provider must notify the MMCP of this change at least 14 days prior to submitting a claim for the service. The notification will take place outside of the Portal and should include the participant's name, CIN, HCBS provider agency name, F/S/D of currently approved CFASS (including service level), newly requested CFASS level, and the date(s) of service that have been and will be rendered by the staff at the different service level. Additional information on how to handle staffing changes for CFASS can be found in Appendix C of the [Children's HCBS Authorization Instructional Guide]().
Policy	For an authorization renewal, what date should be entered for the first service date?	If services have been continuously provided without discharge, the first date that the service was ever provided by the HCBS agency to the participant should be reported. If the participant was discharged from the agency but was then re-referred and began receiving services from the same agency again, the first date of service should reflect the date that the participant began receiving services from the agency after the re-referral.
Policy	Will only certain credentials be allowed to complete the authorization request?	The Department does not set requirements on staff qualifications for completion of HCBS authorization requests.
Policy	Will a participant be automatically discharged from one provider if they are enrolled in a different service with another provider?	No, if a participant is enrolled in a service with another provider, they will not be discharged automatically from a provider who is providing a different HCBS. A child cannot be connected to more than one provider for the same service. If a new HCBS provider is

		selected by the CM in the Portal to provide the same service, the child will be automatically discharged from the old provider for that service.
System Features	Will the authorization form in the Referral & Authorization Portal have the ability to download to send to the MMCP?	Yes. The Portal offers users the capability to download the authorization request. This functionality is accessible on the HCBS Services Tab of the Child Case Page.
System Features	Will information prepopulate for each authorization when it is completed once, or will this information have to be entered in each time for each service the youth is receiving?	Several fields will be prepopulated from various systems (MAPP, UAS, etc.) providing participant information for each authorization. Information that is authorization specific (i.e., service goals, objectives, etc.) will also be prepopulated on future authorizations in the system. It is the responsibility of the HCBS provider to review all information and make updates as necessary prior to authorization/re-authorization submission.
System Features	Is there a 30-minute unit option in the dropdown? Palliative Care counseling and Support is a 30-minute billing unit. Also, is there episodic for the Bereavement Service?	For services billed in 30-minute units or episodic units, these options will be accessible through the Portal within the F/S/D tab of the Authorization Request.
System Features	Are care managers able to see and print authorizations, or is this exclusive to the HCBS provider?	Yes, care managers have access to view authorizations that are not in draft status. Additionally, they have the capability to print the authorization. Once the authorization has F/S/D authorized and entered by the HCBS provider, the CM can view this as well.
System Features	Can care managers have access to the "attachments" tab?	After an authorization is submitted, care managers will have access to the "attachments" tab. Care managers will only be able to view these documents, and will not have the ability to upload documents to this tab. A future feature will allow uploads from CMs.

System Features	Can reminders be sent prior to the required reauthorization period for a service?	Notification of upcoming deadline for re-authorizations will show in the HCBS provider's Daily Digest beginning 21 days prior to existing authorization expiration. This information can also be found on the system menu bar.
		For initial authorizations, the system will populate an alert on a participant's file if they do not have an authorization submitted after 30 days from being selected as the HCBS provider. This information can also be found on the system menu bar.
System Features	How should MMCPs read authorization requests where units are "rounded"?	The Portal auto-generates the total units/hours for the requested service based on the authorization begin date, end date, and F/S/D provided. Total units are not "rounded".
System Features	When a child is transferred to/from MMCP to FFS, will the new entity be able to see their previous authorizations and history?	MMCPs and the Department (for FFS authorizations), will see previous authorizations made in the portal. Information on previous authorizations issued outside of the portal will not be available.