



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

This document summarizes frequently asked questions related to the Children's HCBS Referral & Authorization Portal within the Incident Reporting and Management System (IRAMS).

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 authorization process, please reference the [HCBS Referral & Authorization Portal: Authorization Features FAQ](#).

Note: While the Portal is new, frequent minor updates may be implemented to improve system functionality. Users who have difficulty viewing system updates are encouraged to refresh their page and clear their cache. To refresh, users can press “*Shift + Refresh*” in their browser.

If technical issues persist, please contact the BH Transition Mailbox at BH.Transition@health.ny.gov.

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

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Category	Question	Answer
Referral Creation	Who can make a referral for HCBS in IRAMS?	Health Home Care Managers/ Child and Youth Evaluation Services (HHCM/C-YES) with the “Manage Child Referrals” role have the ability to make referrals in the system.
Referral Creation	Are there required fields on the HCBS referral form? Or will HHCM/C-YES be able to submit a form without entering all of the information?	Yes, most fields are required. Some, that are related to situational circumstances, are optional. The system will not allow a submission of a referral without all required fields completed.



Referral Creation	What should HCBS providers do if they receive referrals that are missing required information (i.e., the HHCM/C-YES has indicated “N/A” in required fields)?	<p>HHCM/C-YES are expected to provide all information requested in required fields. Referrals with incomplete information in required fields (i.e., “N/A” or similar responses provided) should be denied by HCBS providers.</p> <p>Repeated receipt of incomplete referrals should be reported to the New York State Department of Health (the Department) by contacting BH.Transition@health.ny.gov.</p>
Referral Creation	If an HCBS provider is working with a family and the family requests a new service, will a new referral need to be made in the portal by the HHCM/C-YES?	Yes, a new referral will need to be made for each new service requested and needed. Children’s Waiver policy requires that HCBS providers communicate with CMs to refer a new service. HCBS providers cannot provide a participant a new service without a HHCM/C-YES referral.
Referral Creation	Should medically fragile eligible participants or participants in palliative care also have referrals completed through this system?	Yes, all participants enrolled in the Children's Waiver and in need of HCBS must have referrals created through the Referral & Authorization Portal.
Referral Creation	Will all HCBS referrals be in IRAMS without a specific agency referral?	All referrals must go through the Referral & Authorization Portal from a HHCM/C-YES. The HHCM/C-YES must determine which HCBS providers to send the referral to in the system and select the HCBS provider, based upon the choice of the participant/ family. Only providers who have been selected to receive the referral will be able to view the referral.
Referral Creation	Would the referrals reflect if the participant goes to a hospital?	At the bottom of the Child Case Page in the Foster Care/Facility section, the HHCM/C-YES can indicate if a participant is currently in a facility at the time of referral. If a participant enters a hospital or other facility after the referral has



		been sent, the system will not automatically update to include this information.
Referral Creation	What should the HHCM/C-YES do if the type of relationship to the participant they want to include on the Child Case Page, does not appear in the drop-down list?	Users may either select from the options in the drop-down list provided or choose to type free text in the box if they feel their situation is not accurately captured by the drop-down options.
Referral Creation	Would HHCM/C-YES be able to also refer to agencies in neighboring counties?	No, referrals can only be made to providers designated for the county where the participant resides. FIPS Guidance FIPS FAQ (Question 18)
Referral Creation	Can the HHCM/C-YES refer to multiple agencies at the same time?	Yes, the HHCM/C-YES can refer to multiple HCBS providers and multiple Agencies may accept the referral. Then, the HHCM/C-YES can select one provider from the list of agencies that accepted the referral.
Referral Creation	Is it possible to include additional information about a participant's diagnoses and circumstances on the referral?	The participant's primary diagnosis is available on the referral form. Care managers have the ability to add additional background information about a participant in the service referral section to explain why the service is needed and share information about additional diagnoses/conditions. HCBS providers also have the ability to connect with a CM outside of the referral portal to request additional information, when needed.
Referral Creation	Is there a field in the Referral Portal where providers can document the first appointment with the family for tracking purposes?	Currently, there is no mechanism to notify the MMCP of the first appointment date through the Portal. Notification of first appointment date must take place outside of the Portal. This information will be required to be captured within authorization



		requests submitted in the portal as well.
Referral Creation	Can a HHCM/C-YES select one agency to provide the service(s) or do multiple have to be selected at the point of submitting a referral?	A HHCM/C-YES should only send referrals to HCBS agencies that the family has consented to. Depending on participant/family choice, the HHCM/C-YES may send a referral to one or multiple agencies. Only one agency may be selected to provide a single service.
Referral Creation	How does a participant get a K1 code?	When an HCBS Eligibility Determination is completed and an eligible outcome is issued, a K1 code is added to their file in eMedNY/ePaces. A participant must have an active K1 code and an active HCBS eligibility determination in order to receive HCBS.
Referral Timeline	How long does the HCBS provider have to respond to a referral?	The provider has seven (7) calendar days to respond to the referral.
Referral Timeline	How long does the HHCM/C-YES have to respond once an HCBS agency has accepted the referral?	The HHCM/C-YES will have seven (7) calendar days to select the HCBS provider the participant/family want to provide the referred service.
Referral Timeline	What should the HHCM/C-YES do if they cannot get in contact with the family within 7 calendar days to confirm their choice of provider?	Prior to making a Referral for services, provider options should have been discussed with the participant/family as well as potential capacity issues. When the HHCM/C-YES creates the referral, they should have the participant/family's first, second, and even third choice for providers so that the HHCM/C-YES can act as soon as they receive a referral response from the HCBS provider.
Referral Timeline	How long does the HCBS provider have to schedule the first appointment once they have been selected?	The HCBS provider will have ten (10) calendar days from the day they were selected by the HHCM/C-YES to schedule the first appointment with the participant and their family/guardian.



Referral Timeline	What if the provider cannot schedule an appointment with the participant within 10 days of being selected?	An HCBS provider should only accept the referral if they can begin serving the participant, which includes having available staff members. If the HCBS provider is having difficulty scheduling due to the participant/family, these efforts should be documented in a progress note and the HCBS provider should reach out to the HHCM/-YES for assistance in scheduling.
Referral Process	Is there a limit as to how many participants in the same household are accepted to a single HCBS provider/agency?	Every participant has their own Child Case Page, and each participant has their own referral. The system does not “limit” the number of referrals to an HCBS provider.
Referral Process	If multiple agencies are selected to receive a referral, and one agency “accepts”, is the referral automatically rescinded from the other agencies?	All agencies who received a referral have the ability to accept the referral, as long as they do so within the required timeframe and prior to the HHCM/C-YES closing the referral. All provider responses to the referral are sent back to the HHCM/C-YES. The HHCM/C-YES will select a provider based on the participant/family’s choice and the HCBS providers’ response. Once the HHCM/C-YES selects an HCBS provider in the system, the other HCBS providers can continue to see the Child Summary Page for up to 15 days; however, no action can be taken by the HCBS provider.
Referral Process	HCBS providers do not see the HHCM/C-YES information on the referral. In the place of “referred by” it shows the name of the person who opened the referral, so usually the HCBS Supervisor.	To view the referral, click “View Referral” from the Child Case Page to open the referral display. In the referral section, you will see the organization and user that created the referral along with their contact information under “Referred By”. If the referral display does not open, please press “Shift + Refresh” in the browser.

Referral Process	What happens if the HCBS provider places a participant on their waitlist and another agency accepts them? Does the participant get removed from the original agency's waitlist?	Once a HHCM/C-YES selects an HCBS provider to provide services, other HCBS providers will be notified and will have access to the information for a limited period of time, however, no action can be taken by the other HCBS providers. If an HCBS provider has been selected to provide services, then the participant will not be on other HCBS providers' Agency Waitlists for that particular service.
Referral Process	What happens if an Agency accepts the referral but later can't serve the individual, is there a way to waitlist or reject the referral after accepted?	If after accepting a referral, an agency determines that they cannot serve the participant, they can decline or waitlist the referral if it is prior to the HHCM/C-YES selecting a provider. If an agency is selected by the HHCM/C-YES but cannot provide the service, then the agency would "discharge" the participant selecting the reason why the participant cannot be served in the system. The HHCM/C-YES will need to send new referrals to other providers if the service is still needed.
Referral Process	Can HCBS providers accept the referral after having waitlisted the participant?	A participant can remain on an Agency's Waitlist for up to 90 days. The HCBS provider agency can "accept" that referral at any time within the 90 days, as long as the HHCM/C-YES has not taken an action of selecting another HCBS provider, closing the referral, or withdrawing the referral from the provider agency.
Referral Process	Once the HCBS provider accepts the referral, the HCBS provider cannot move forward until the HHCM/C-YES selects them in the Portal?	Correct. All provider responses to the referral are sent back to the HHCM/C-Yes, the HHCM/C-YES will need to select the provider to serve the participant based upon the choice of the participant/family. Once the HHCM/C-YES selects an HCBS provider in the system, the selected HCBS provider can



		proceed with contacting the family and scheduling an initial service appointment.
Referral Process	Does a provider need to explain why they declined a referral?	Yes, providers will need to select from a drop-down menu their reason for declining a referral.
Referral Process	Do provider agencies see that a youth was referred to multiple agencies?	The HCBS provider will be unable to see if the participant was referred to multiple agencies.
Referral Process	If the family is currently served by a HCBS agency and wants to switch to a different one, what is the process?	<p>At this time, the participant/family or current HCBS provider can contact the HHCM/C-YES and make this request. The HHCM/C-YES will then enter the portal and create a new referral to refer to the desired new HCBS provider(s).</p> <p>After a new agency accepts the referral and is selected by the HHCM/C-YES to provide the service, the participant will be discharged from the previous provider in the system. The HHCM/C-YES should be in communication with the HCBS provider(s) when this situation occurs.</p>
Referral Process	What is the process for an HCBS staffing change and ensuring the HHCM/C-YES is notified to refer the participant elsewhere?	<p>When staff are no longer available at the agency, and there is no plan to immediately connect the participant to new staff, the HCBS provider should discharge the participant with the reason “staff not available for location” within 7 days of the staff leaving. The HHCM/C-YES will receive a notification of this status change within the system.</p> <p>The HHCM/C-YES then has the ability to create a new referral for the participant and may include the previous HCBS provider so that the HCBS provider may place the</p>



		participant onto their Agency Waitlist.
Referral Process	Will the participant still be able to get an HCBS service from one agency and choose another agency for the second service?	The HHCM/C-YES MUST complete a new referral for EACH HCBS service the participant is being referred for. It is permissible for a participant to receive different HCBS from different HCBS provider agencies. A participant cannot receive the same HCBS from different HCBS provider agencies.
Referral Process	If a participant is receiving one service and HHCM/C-YES identifies an additional service that is needed, does the HHCM/C-YES need to send another referral through IRAMS for the added service?	Yes, it is the care manager's responsibility to submit a referral through the Referral & Authorization portal for each identified needed service. Each HCB service is requested individually on its own referral.
Referral Process	Will submission of the referral within IRAMS be communicated to the Medicaid Analytics Performance Portal (MAPP)?	No, the submission of the referral will not be communicated to MAPP.
Referral Process	If a participant loses HCBS eligibility or is closed from HHCM, are the HCBS referrals automatically withdrawn/closed or does the HHCM/C-YES need to do something in the system to remove them?	<p>The system will not automatically close/withdraw a referral, but an alert will show in the system indicating the participant's circumstances (i.e., no Medicaid, no K1, etc.). HCBS providers cannot serve a participant who does not have active Medicaid or HCBS enrollment. The HHCM/C-YES and HCBS provider should communicate about the participant's circumstance.</p> <p>If the participant is leaving the Waiver, the HHCM/C-YES can discharge the participant from services within the system.</p> <p>If the participant is transferring from the Care Management Agency (CMA)/C-YES, to a new CMA/C-YES, the new HHCM/C-YES will</p>



		inherit the participant 's case in the system once the transfer occurs. Once the case is transferred from one CMA/C-YES to another in HHTS, the participant's case and referrals will then transfer in the Referral & Authorization portal within 24 hours. HHCM/C-YES won't receive a notification within the system, however any action needed on the case will appear in the HHCM/C-YES' Daily Digest notification.
Referral Process	Will the HCBS providers be filtered to choose from contracted/ credentialed with MMCPs? Or will that responsibility fall to the HCBS provider to confirm contracting status when accepting the request?	The HCBS provider is responsible for confirming MMCP contracting status when determining ability to accept the referral request, as the system is unaware of MMCP contracting relationships.
Referral Process	Does the HCBS provider need to receive a copy of the DOH-5201 Health Home consent form along with an HCBS referral?	No. The DOH-5201 provides the HHCM permission to share information about the participant and is maintained in the HHCM's case file. Once the HCBS provider has been selected by the HHCM/C-YES as the HCBS provider, the HCBS provider will meet with the participant/family and sign their own HCBS consent form that allows the HCBS provider to share information about the participant. This form must be maintained in the HCBS provider's case file.
Referral Process	What can providers do if the CMA selection is still pending, and it has been over 14 days?	In this circumstance, providers should contact the referring CMA. If this is a reoccurring issue, please contact the Department via the Health Home BML , with a subject of "IRAMS Questions Only – No PHI."
Referral Process	Is it okay to reach out to the MMCP to notify them about the first appointment prior to receiving consent?	Yes, HCBS providers must notify the MMCP of the first appointment within the required timeframe. No



		consent is needed to share this information with the MMCP.
Referral Process	Is consent given during the first appointment?	Consent from the participant and their family can be obtained by the HCBS provider at the first appointment. This occurs after the referral is sent and the provider is selected.
Referral Process	Do providers need to be included on the 5201 form in order for the CMA to share the required information with that provider? While providers are required to get their own consents signed, is the 5201 sufficient prior to that initial meeting with the family to obtain required documentation?	The HH 5201 consent form only covers the CM sending information if the HCBS provider is on the form. The referral should include all information necessary for a provider to determine if they can serve a participant. During an intake meeting, the HCBS provider will obtain consent from the family for the sharing of additional information between the HCBS provider and other involved entities.
Referral Process	What are the expectations of HCBS agencies when they “accept” a referral? How should it be handled if a participant is "accepted" and approved through the authorization process, but the agency does not have the necessary staff? What actions should be taken if a HCBS agency asks a family to find respite providers on their own for the agency to hire?	HCBS Providers should only accept referrals if they have staff available to provide the requested service(s). It is expected that service provision should begin no later than 30 days from the date the provider is selected by the care manager to provide the service(s). Participants and families should never be asked to locate their own staff for services.
Referral Process	What can be provided on an initial phone call prior to taking the case and obtaining consent?	The care manager has the ability to discuss information about the participant with the potential HCBS provider related to the referral prior to obtaining a formal consent. The care manager does not have the ability to share any physical documentation (i.e. evaluations, clinical notes, etc.) without a signed consent from the participant/family. In order to receive such documentation, the HCBS provider



		must also have a signed consent from the participant and family.
Referral Process	How long does an agency who accepts a referral have to begin serving the participant/youth?	When accepting a referral, agencies should have staff members ready and available to begin providing services within 30 days.
Referral Process	Do HCBS participant discharges need to be completed in IRAMs?	All discharges must be reported within IRAMS. Discharges can be initiated by either the HCBS provider or the HHCM/C-YES.
Agency Waitlist	Can a participant/youth stay on a waitlist with an HCBS agency while also being referred to another HCBS agency?	A participant can be referred to multiple providers until one is selected and active. Once a referral becomes active for a service with a provider, the referral will be removed from all other waitlists for that service.
Agency Waitlist	When accepting a referral, if there is a waitlist due to staffing, should the HCBS provider not accept the referral?	Referrals should only be accepted if there is staff identified to provide the requested service(s). If the agency doesn't immediately have staff but believes they will have staff available to serve the participant within the next 90 days, the agency may choose to "waitlist" the participant and add the participant to their Agency Waitlist.
Agency Waitlist	Will the HCBS provider be able to update the waitlist, or will that only be able to be added/edited by the HHCMs?	The HCBS provider agency will be able to edit their Agency Waitlist but the HHCM/C-YES will monitor and update the Statewide Waitlist.
Agency Waitlist	Can HHCM/C-YES see where the participant is waitlisted?	Yes, HHCMs/C-YES and Health Home staff with proper permissions granted within the Referral & Authorization Portal can see responses to referrals and those referrals waitlisted.
Agency Waitlist	After the 90-day Agency Waitlist is a new referral needed?	After 90 days, the participant will move to the Statewide Waitlist and the referral will remain open. At this time, the HHCM/C-YES can send the referral to additional HCBS providers and/or re-send to the HCBS provider who initially added the referral to their Agency Waitlist.



Statewide Waitlist	If the participant is moved to the Statewide Waitlist after the Agency Waitlist expires, how long will they remain there?	The Statewide Waitlist never expires. The HHCM/C-YES can close the referral or send the referral to an additional HCBS provider which will take the participant off the Statewide Waitlist.
Statewide Waitlist	Can other Agencies see the referrals on the Statewide Waitlist, if they did not get the referral?	HCBS providers will not be able to see participants on the Statewide Waitlist.
Statewide Waitlist	If a participant goes to the Statewide Waitlist and then the provider has staff available later will they be able to “reclaim” that referral?	Agencies will be unable to view the Statewide Waitlist. However, Agencies may communicate their availability outside the portal to the HHCM/C-YES, who can then send the referral back to the HCBS provider within the system, if they choose.
Policy	How are users proving referrals sent for audits?	This information will be accessible through the portal by the audit team.
Policy	Will providers still have to complete the service capacity survey every three weeks after the electronic HCBS Referral Portal has launched?	No, this is no longer required after 6/17/24.
System Access	Can a user see both HCBS provider information and HHCM/C-YES information if their agency has both lines of work?	No, if a user’s agency has multiple lines of business (i.e., both HCBS providers and HHCM/C-YES), a user for one line cannot see the other line’s information.
System Access	Is it okay for one user to have both a View Child Referrals Role and Manage Child Referrals Role?	No, a user should not be assigned both roles. The Manage Child Referrals Role provides the same capabilities as the View Child Referrals Role plus the additional ability to manage referrals.
System Access	Do HCBS providers all need to gain access to IRAMS?	All HCBS provider agencies must have access to IRAMS. Each agency should determine which staff members should have access to the system. Not all HCBS staff require access to IRAMS.
System Access	What is the website where the portal will be accessible?	IRAMS is accessed through the Health Commerce System (HCS).



		Users can search the applications within HCS .
System Access	Does the IRAMS Gatekeeper need to be an HCS Coordinator, or can a manager be set up with Gatekeeper access?	The IRAMS Gatekeeper does not need to be an HCS Coordinator. The Gatekeeper can be any staff member with the appropriate permissions, including managers. Additional information on system access can be found within the IRAMS Access Guide .
System Access	Will Medicaid Managed Care Plans (MMCP) have access to IRAMS?	Yes, MMCPs have a view-only role in the Portal.
System Features	Will providers and HHCM/C-YES be able to print out referral forms from the system to maintain recordkeeping?	Yes, users will have the ability to download and print a PDF version of the referrals and authorizations for all active services.
System Features	Does HCBS provider have to stop providing services if a child is in the process of changing care managers and doesn't have a care manager?	There should never be a period of time when an HCBS participant does not have a care manager. The "old" CM should not leave a case until the "new" CM takes over. Lead Health Homes can provide guidance and assistance to ensure there are no gaps in care management coverage.
System Features	Can we keep a child in our agency and in the IRAMS portal if the child's LOC expires and the Care Manager is still working on obtaining the renewed LOC?	It depends. You may keep the participant listed in your agency on the IRAMS portal while the care manager renews the HCBS eligibility determination. However, you cannot provide or bill for HCBS services until the eligibility determination is renewed or Aid to Continue is granted as a result of a filed Fair Rights Hearing. If it's believed that the eligibility determination will be renewed shortly (in a few days/weeks) There is no need to discharge the child from IRAMS if you will be able to serve them after the eligibility determination renewal. Once the new eligibility determination is finalized, you can start providing



		and billing for services again. If there are concerns about the child's eligibility or the ability to obtain an eligibility determination timely, it may be more appropriate to discharge the participant. HCBS providers should connect with CMs to discuss each unique situation and determine if discharge is appropriate. Remember to document the situation and maintain clear communication with the care manager during this process.
System Features	If a provider accepts and the HHCM/C-YES does not select the provider, can they print the referral?	<p>After an HCBS provider accepts a referral, the HHCM/C-YES must select an HCBS provider to start services. There may be more than one HCBS provider and the HHCM/C-YES may be waiting for other responses.</p> <p>Once a selection is made, the chosen HCBS provider may print the completed referral in PDF format. If the HCBS provider is not selected by the HHCM/C-YES, the ability to download/print the referral will not be present for the provider.</p>
System Features	Will users be able to see if someone made an update to the Child Case Page in IRAMS?	Yes, users with access to this information will be able to see historical data of any changes that were made or updated.
System Features	What happens if the MMCP is not accurate in the IRAMS portal?	MMCP enrollment information is auto generated in the system. If there are questions/concerns about MMCP enrollment information displayed in IRAMS, the HCBS provider should contact the HHCM/C-YES directly outside of the portal. The HHCM/C-YES would need to connect with the local department of social services to update any MMCP enrollment issues.



System Features	Can HCBS providers update a participant's case in IRAMS?	HCBS providers with the Manage Child Referral Role who are serving the participant (i.e., have been selected by the HHCM/C-YES) and HHCM/C-YES with the Manage Child Referral Role will be able to update the participant's case information in IRAMS.
System Features	Can a previous HCBS provider see the Child Case file?	An HCBS provider who previously served a participant, but no longer serves a participant will have access to limited details about a participant relevant to their time with the Agency.
System Features	Is there a way to filter active vs. inactive participants in the Portal?	In the right-hand corner of the Referral & Authorization portal is a toggle bar that can display "Waitlist", "Open Referrals", and "Active Services" which can be used to filter referral activity.
System Features	Will participant demographic information prepopulate from MAPP or Uniform Assessment System (UAS)?	A number of fields will be pre-populated from various systems. Health Home information is auto populated from MAPP, assessment information is from UAS, and Medicaid information is from the Medicaid Data Warehouse.
System Features	Will HCBS providers have access to information such as other HCBS providers for other services working with the participant or tracking information of other previous Agencies/previous authorizations, as MAPP has for HHCMs?	At this present time, these system features will not be available.
System Features	Will the annual HCBS Eligibility Determination outcome populate in this system?	Yes, this information will be pre-populated in IRAMS, when available.
System Features	Will this system provide HCBS providers a notification if MMCPs change?	Notification of MMCP change is not currently an included system feature. However, the Child Case Page will show the current MMCP information.
System Features	Can the IRAMS portal hold updated documents such as	At this present time, this capability is not available.



	Plan of Care (POC), LOC, and Crisis plan?	
System Features	What information is communicated from the Referral & Authorization Portal to other systems?	At this time, no information is being transmitted from IRAMS to other systems. Future system updates to allow certain information sharing between IRAMS and MAPP are currently in development.
System Features	Does the Portal list out the criteria such as Medically Fragile (MedF) or Serious Emotional Disturbance (SED)?	Participant Target Population is listed on the Child Case Page. The Child Case Page is available to HHCM/C-YES and HCBS providers who have received a referral for the participant.
System Features	An HHCM/C-YES has clients in IRAMS with no active K-Code, no HCBS eligibility and no HCBS enrollment. Why are they listed and how can the HHCM/C-YES remove them?	Participants who have a current or previous HCSB Eligibility Determination are included in the system. Filters were added to automatically display only participants with a current or recently expired (within last 6 months) K1 code. An agency can see all participants by toggling this filter off.
System Features	How can HCBS providers confirm that the system reflects them as actively accepting referrals?	All designated HCBS providers in good standing are available to receive Referrals in the system. Questions related to each agency's HCBS designation and how it may appear in the system can be directed to BH.Transition@health.ny.gov .
System Features	Is there a certain number of characters allotted for a participant's name?	There is no system limitation to number of characters that can appear in a participant's name in the system. The participant's name is prepopulated in IRAMS by other systems. Concerns about inaccurate information appearing in the portal should be directed to Health Home NO PHI .
System Features	Can there be an option to deny a referral based on lack of information in the drop-down box?	A referral denial reason of "insufficient information provided" is available in the portal, effective 8/21/24.



System Features	If providers receive a referral from C-YES that then enrolls in HHCM, would this be automatically reflected in IRAMS?	If a referral is sent by C-YES, then C-YES will appear on the submitted referral. If, after the referral is submitted, the participant is transferred to a CMA, the CMA will appear as the new contact on the participant's case page. The previously submitted referral will automatically be assigned to the new CMA in IRAMS after the case is transferred in HHTS. The new CMA will have access to the previously submitted referral.
System Features	If Care Managers are turning off alerts on the Daily Digest, what happens when a referral has been accepted by an HCBS provider, but the HHCM/C-YES has not made a selection within the 7-day timeframe?	Care Managers are expected to adhere to established timeframes for provider selection. If an HCBS provider has not received a response from a care manager in the portal within the required timeframe, the HCBS provider should contact the care manager outside the portal to request an update. If there are challenges with connecting to a HHCM, the Lead Health Home should be alerted.
System Features	Is there a way to run a report in IRAMS to show all our kids currently on wait lists?	Currently, the system does not have external reporting functionality. However, Agency waitlist information is available for HCBS Providers. HHs, CMs, C-YES, and MMCPs can see Agency and Statewide Waitlist information for their members. This information is available to view within the system by using the filter and menu options. HCBS Providers/CMs/MMCPs can use the filter items located on the left-hand side of the menu that contain visible options for: <ul style="list-style-type: none">• HCBS services (i.e., Active Services, Open Referrals, Waitlist, & Discharge)



Alerts and Notifications	Is there going to be an indicator somewhere that the HCBS Eligibility Determination is due?	<p>An alert will show in the system indicating the participant's circumstances (i.e., no Medicaid, no K1, etc.). Additionally, on the Child Case Page, under the Latest Assessment section, information on the date of the most recent HCBS Eligibility Determination is displayed.</p> <p>HCBS providers cannot serve a participant who does not have active Medicaid or HCBS enrollment. The HHCM/C-YES and HCBS provider should communicate about the participant's circumstance to address issues as needed.</p>
Alerts and Notifications	What notifications are sent to the HHCM/C-YES and providers?	<p>A Daily Digest will be emailed out each day.</p> <p>In addition to the Daily Digest, HCBS providers will receive a notification when they receive a new referral.</p>
Alerts and Notifications	What alerts are within the system?	<p>Alerts on Child Records within the system will include Late action, Action due soon, and Expiring record. Alerts are also present in the record to indicate if a participant has an expired HCBS Eligibility Determination, is not enrolled in Medicaid, or is missing K Codes.</p>
Alerts and Notifications	If providers are serving a participant and the HCBS eligibility determination is lost/lapses will providers get a notification?	<p>No, providers will not receive a notification in this instance. However, the system will include an icon on the participant's page to indicate that their eligibility determination has expired and/or that they are missing K Codes.</p>
Alerts and Notifications	Is there going to be an indicator somewhere that the HCBS Eligibility Determination is current?	<p>Yes, HHCM/C-YES and HCBS providers will be able to see that the HCBS Eligibility Determination is current on the Child Case Page</p>



		under the “Latest Assessment” section.
Alerts and Notifications	Will the Release of Information (ROI) from the HHCM/C-YES be provided on the referral information in the system?	No, ROI/consent information will not be provided through the system.
Alerts and Notifications	Would CMAs or HCBS providers receive an alert when the client is disenrolled from the Waiver?	Currently, an email alert will not be issued when a participant is disenrolled from the Waiver. A warning symbol will appear next to the participant’s eligibility status on the Child Case Page if the participant has been disenrolled from the Waiver. This data is pre-populated and sourced from other systems, such as eMedNY and HHTS.
Supporting Documents	Can supporting documents be sent to the providers immediately to send to the MMCP to get authorization?	It is the responsibility of the HCBS provider to obtain documentation necessary to support an HCBS Authorization request. At this time, this documentation cannot be obtained through the Referral & Authorization Portal.
Supporting Documents	Will HCBS providers be eligible to request information from the CMA about needs of the youth in addition to what is provided on the referral to make sure the provider is a good fit for the participant?	The electronic referral is intended to capture all required information to allow an HCBS provider to determine whether or not they can accept a referral. If the HCBS provider has additional questions, they should contact the HHCM/C-YES directly, outside of the portal.
Supporting Documents	When a HCBS Provider Agency requests additional documents from the HHCM/C-YES (POC, NOD, etc.) can those documents be sent through the IRAMS system to the HCBS Provider Agency? Or will those documents still need to be sent via email/fax?	The Department does not require HHCM/C-YES to share the participant’s POC or NOD with the HCBS provider. If, for some reason this information is needed by the HCBS provider, this documentation would need to be provided outside of IRAMS. The care manager document upload function is a future build of the system. HCBS providers must have signed consent forms from the participant/family in order to receive additional documentation

		such as POCs from the Care Manager.
Supporting Documents	Are there required documents the care manager needs to send to the HCBS provider once selected in in the Portal?	The HCBS provider is required to complete and submit a thorough referral that accurately captures information about the participant, their needs, and how the referred HBCS can assist the participant in reaching their goals. It is intended that the referral itself contain all of the information needed for the HCBS provider to be able to make a determination about whether they can appropriately serve the participant.
Supporting Documents	For an audit, HCBS providers need all forms such as Licensed Practitioner of Healing Arts (LPHA) Attestation, LOC and POC. Since the dates are on IRAMS, are HCBS providers allowed to accept the referral before obtaining the actual hard copies? Will there be a protocol for HCBS Agencies to get these documents?	These forms are not required to be on file for HCBS providers.
Supporting Documents	What if providers want to request additional information/documents about the child/youth?	HHCM/C-YES should be including enough information in the referral so that providers can make a decision about whether or not they can provide service without needing additional information. The portal currently does not support the upload of additional documents by care managers. If there is a need to obtain additional information, this request would need to be fulfilled outside of the system.
Supporting Documents	Are users able to link the Direct Support Professionals (DSP)/Staff to the participant's case to show who is the staff providing the service to the participant?	Yes, the staff's information should be entered on the Child Case Page in the "Care Team Members" section.



Records	Will the Child Case Page update if the participant moves from straight Medicaid to an MMCP or if they change MMCPs?	Yes, Medicaid enrollment information will be updated automatically on the Child Case Page once an update is available.
Records	How can updates to the participant's information be made?	The Child Case Page can be updated by the HHCM/C-YES and/or the selected HCBS provider. The user must have the Manage Child Referrals role in the system in order to make these updates.
General	Where will webinar slides be posted?	Slides from the <i>Overview of the Children's HCBS Electronic Referral Portal</i> webinar can be accessed here . A posting of the Webinar recording can be accessed here .
General	Where can users ask specific questions that are not answered in this FAQ?	Any question not answered in the FAQ can be sent to the Health Home BML , with a subject line of "IRAMS Questions Only – No PHI".