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Children's Home and Community Based Services (HCBS) Referral Process- Reminders, Best Practices, and Updates

October 20, 2025

Agenda

- ✓ HCBS Referral & Authorization Portal Purpose
- ✓ HHCM/C-YES Roles
- ✓ HCBS Referral Process & Best Practices
- ✓ Common Referral Errors
- ✓ System Notifications
- ✓ Recent & Upcoming IRAMS Updates
- ✓ Q&A

HCBS Referral and Authorization Portal Purpose

All Health Homes Serving Children (HHSC), Care Management Agencies (CMAs), Children and Youth Evaluation Services (C-YES), Children's Home and Community Based Service (HCBS) Providers, and Medicaid Managed Care Plans (MMCPs) are required to use the HCBS Referral and Authorization Portal within the Incident Reporting and Management System (IRAMS).

On June 17, 2024, the HCBS Referral portion of the Referral and Authorization Portal was launched (referenced as the Portal). All HCBS referrals sent by Health Home Care Manager (HHCM)/Children and Youth Evaluation Services (C-YES) are required to go through the Portal. HCBS providers receive all referrals through the Portal and are required to respond to the referral to serve participants.

The Portal was developed to streamline the service connection process and provide real time information about service status to care team members and the Department.

The Portal does not replace the need for communication between HHCMs/C-YES and HCBS providers.

HHCM/C-YES Role

- 1. Establish Eligibility:** The Health Home care manager (HHCM) / Children and Youth Evaluation Services (C-YES) must establish the child/youth's eligibility for HCBS before making a referral.
 - Referrals can only be made if a child/youth has active Medicaid, HCBS eligibility, and Waiver enrollment through the R/RE K1 code.
- 2. Education & Discussion with Families:** The HHCM/C-YES will discuss HCBS with the participants/family/guardian, appropriately set expectations, and obtain all necessary information and consent to refer, to generate a meaningful referral.
- 3. Referral Creation:** The HHCM/C-YES is responsible for entering the participant's information and making referrals for needed services within the Referral and Authorization Portal.
 - The HHCM/C-YES must include all relevant information to assist an HCBS provider in determining whether they can accept a referral.

HHCM/C-YES Role

4. **Referral Submission & Communication with Provider(s):** The HHCM/C-YES will submit the referral according to participants/family/guardian choice of provider(s). The HHCM/C-YES will be responsive to communication attempts from HCBS providers who have received a referral.
 - The HHCM/C-YES will ultimately "select" the HCBS provider to provide the needed service in the Portal from the HCBS provider who is able to serve the member.
5. **Ongoing Monitoring of Service Delivery:** The HHCM/C-YES will maintain ongoing communication with the participants/family/guardian and HCBS provider, once selected, to confirm effective service delivery according to service definition and needs of the participant, progress made towards goals, access to needed supports, enrollment, discharge from services, Plan of Care/Service Plan, continued Waiver eligibility and disenrollment from the Waiver. The HHCM/C-YES will re-refer and/or refer to new services/providers as appropriate.

Regardless if the participant is enrolled with a Medicaid Managed Care Plan or Fee-for-Service Medicaid, a referral **MUST** go through the Portal for the HCBS provider to serve them.

Are all your children/youth that are being served in the Portal?



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Step 1: Establish HCBS Eligibility



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HHCM/C-YES: PRIOR TO HCBS Eligibility

HCBS is for children/youth with

HIGH RISK AND HIGH NEEDS, AND

TO MAINTAIN THEM IN THEIR HOME AND COMMUNITY, OR

TO ASSIST THEM TO RETURN HOME FROM AN INSTITUTION

- The HHCM/C-YES must gather the necessary information from the participant/family, inclusive of the participant's history, past and current services, and involved providers
- The participant **MUST** have professional and clinical health or behavioral health services in place to stabilize and treat the participant's condition, and other services provided by various professionals to support the impact of the participant's condition upon their daily functioning to demonstrate a need for HCBS.
- Otherwise, other community based and State Plan services must be considered **instead of HCBS.**

HHCM/C-YES: HCBS Eligibility

HCBS cannot be used to duplicate or replace other available services. When considering HCBS enrollment, consider what other services and supports might be able to support the participant/family outside of the Waiver. Such services include but are not limited to:

- Private Duty Nursing (PDN)
- Children and Family Treatment and Support Services (CFTSS)
- Consumer Directed Personal Assistance Program (CDPAP)
- Early Intervention (EI)
- Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR)
- County or community specific programs and services

HHCM/C-YES: HCBS Eligibility

HCBS Eligibility is valid for 365 days.

Active Medicaid and active K-codes are required to submit an HCBS referral.

The HHCM/C-YES is responsible for conducting the HCBS Eligibility Determination annually.

The HHCM/C-YES must complete an annual HCBS Eligibility Determination to maintain continued enrollment beyond 365 days.

If K-codes are **not** added to the participant's file within 5 days of the HCBS Eligibility Determination, the HHCM/C-YES must contact DOH capacity management to ensure appropriate K-codes are added. New K-codes will automatically have 365 days expiration date from the previous HCBS Eligibility outcome date.



Step 2: Education & Discussion with Participant/Family



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HHCM/C-YES: Education & Discussion with Families

- When referring to HCBS, the HHCM/C-YES will identify the service(s) that can support the participant in reaching the defined goals to address the identified needs and assist the participant in remaining in their home and community.
- The HHCM/C-YES will discuss each of the HCBS and include information such as:
 - o Overview of the intent of HCBS – short term intervention
 - o Requirements for participation
 - Reminder of annual HCBS eligibility determination – required documentation and involvement with professional and clinical health or behavioral health services
 - o Completion of the Freedom of Choice Form
 - o Service names and descriptions (intent of the service)
 - o Applicable service limitations/exclusions*
 - o Overview of the HCBS referral and authorization process

HHCM/C-YES: Education & Discussion with Families

- The HHCM/C-YES must know the HCB Services, their purpose, definitions, and what needs the specific service can assist with.
- Services should only be referred that are linked to a specific need and goal, not what the participant/family would like to have or requesting.

In preparation to submit a referral, the HHCM/C-YES **MUST** have all the needed information to complete a referral, including but not limited to:

- Participant's condition, needs, and strengths
- Participant's goals and choice of needs to be addressed
- Identified service(s) to address the needs and identified goals of the Participant and family

Having the information, knowing the services, educating the family, and developing a complete referral, will assist the participant/family in having a smoother connection to an HCBS provider and service(s).

HHCM/C-YES: Education & Discussion with Families

The HHCM/C-YES must have all the needed information to complete a referral, including but not limited to:

- Participant availability for services (i.e., schedule of any currently existing education programs, regularly scheduled appointments, extra curricular activities, etc. that the participant attends).
- Participant and 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.).
- Participant and family preferences and requirements in scheduling (i.e., evening, availability on different days – Tuesday afternoon and Friday evenings, etc.).
- Participant and family preference in service location (i.e., services in the home, at specific community location, etc.).

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 in the referral.

HHCM/C-YES: Education & Discussion with Families

The HHCM/C-YES must have all the needed information to complete a referral, including but not limited to:

- Information relevant to caring for/serving the participant such as:
 - Special medical equipment the participant would require during service delivery such as a g-tube or adaptive technology
 - Conditions that could impact service delivery such as seizure conditions or accessibility needs
 - Participant 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.

The Portal does not replace the need for communication between HHCMs/C-YES and HCBS providers. Once the HCBS provider is “selected”, the HHCM/C-YES should follow up in conversation with the HCBS provider.

Step 3: Referral Creation



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HHCM/C-YES: Creating a Referral

Confirm Eligibility

- Verify the participant has active HCBS eligibility, Medicaid, and K code (all must display a green check mark in the portal near corresponding areas. If you see the ⊖ you **will not** be able to create a referral.



Name [Redacted]	CIN [Redacted]	DOB 12/10/2009	Age 15	Sex MALE	Medicaid Expiration ⊖ 06/30/2024
☒ HCBS Enrollment Serious Emotional Disturbance K1: 07/01/2021 - 12/31/9999 KK: Not Active	☐ Latest Assessment Not HCBS Eligible HAND-IN-HAND DEVELOPMENT, INC. Outcome Date: 09/07/2022	Fiscal County New York City County		HCBS Designated County Kings County	



Name [Redacted]	CIN [Redacted]	DOB 05/11/2006	Age 18	Sex MALE	Medicaid Expiration ☑ 03/31/2025
☒ HCBS Enrollment Serious Emotional Disturbance K1: 11/01/2020 - 12/31/9999 KK: Not Active	☒ Latest Assessment HCBS Eligible HAND-IN-HAND DEVELOPMENT, INC. Outcome Date: 12/10/2024	Fiscal County Rockland County		HCBS Designated County Columbia County	



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[Children’s Waiver Oversight and Monitoring of K-codes and Assessments](#)

HHCM/C-YES: Creating a Referral

Complete or Update the Child Case Page

- Review and confirm all participant demographic, Care Team Member, Family/guardian, School and Activity Information. For participants in Foster Care or in a facility, provide required placement or facility details. All are required fields needed to complete a Referral.

Medicaid Program		
Health Home THE COLLABORATIVE FOR CHILDREN AND 04280397	CMA HAND IN HAND DEVELOPMENT INC 03339237	Managed Care Plan FIDELIS CARE 01751046
Residence Address 	Mailing Address 	Residence County Rockland
Child Information Edit		
Care Team Members Add Care Manager		
Family / Guardians Add Guardian Add Sibling		
Schedule and Activity Information Edit		
Foster Care / Facility Edit		



HHCM/C-YES: Creating a Referral

Complete or Update all Required Fields - the Child Information section

Best Practice:

If a participant has more than one diagnosis, provide them all along with associated ICD-10, if known.

Child Information

Primary Diagnosis Description*

test

Contact Information

Email

Phone

555-555-5555

Residence Address

Street Address*

tes

City*

test

State*

New York

Zip Code*

10001

Languages

Primary Language*

English

Secondary Language

Identity

Preferred Name

Pronouns

Cancel

Save



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HHCM/C-YES: Creating a Referral

Add or Update Care Team Member Information

Care Team Members

⚠ At least one care manager is required

There are no care team members assigned to this child.

[Add Care Manager](#)

Edit Staff Details

+ Add New

✕ Close Editing Staff window

Staff Name	Email	Phone	Title	Actions
				 

Care Team Members

[Edit Staff](#)

Care Team Members Information

Please select a Care Manager or add a new one to your organization

Select Staff

☐ Primary Contact

✕ Cancel  Save

The system allows for multiple Care Team Members.

Best Practice:

- Be sure to identify the Primary Contact for the case
- Consider providing additional contacts such as CM supervisor

*Collaboration and communication is **KEY** for the participant's transition to HCBS provider and to assist you as the care manager to ensure the participant is getting what they need to help them*



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HHCM/C-YES: Creating a Referral

Add a Family/Guardian/Sibling

Family / Guardians

 Add Guardian  Add Sibling

 At least one guardian is required

Edit Family/Guardian

Family/Guardian

Name*

Relationship*

Is this guardian a primary contact?*

Does the child reside with this guardian?*

	v	Yes	No	Yes	No
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Contact Information

Email

Phone*

Preferred Contact Method

	555-555-5555	@ Email	Phone
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Residence Address

Street Address*

City*

State*

Zip Code*

	New York	
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 Cancel

Save 



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Discuss this with family and Verify Legal guardianship

Best Practice:

- Confirm who has legal authority to make medical and service decisions for the participant.
- Clarify Communication Preferences: Example: “What’s the best way to reach you?” (phone, text, email), “What time of day works best?”, Do you need an interpreter or translation?” Document these preferences in the referral and Plan of Care (POC).
- Confirm and Document Contact Information- double-check spelling and accuracy before saving
- Verify the number of siblings in household in HCBS and number of siblings in household in Health Home.

HHCM/C-YES: Creating a Referral

Add Schedule/Activity Information

Schedule and Activity Information  Edit

Complete

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

Monday- Friday 8-4pm

Regular Appointments, Activities/Extracurriculars, Daycare and other Programs
No Regular Appointments/Programs are provided.

Summer Schedule
No Summer Schedule is provided.

Best Practice:

Discuss with the Family and confirm participant school schedules, regular appointments, and extra curriculars.

Be specific and Avoid Vague Entries.

- Instead of: “Afternoons” → Write: “Monday-Friday 12pm-4pm”
- Instead of: “Weekends only” → Write: “Saturdays 9am-4pm”

All activities that may impact service delivery schedules should be included.



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HHCM/C-YES: Creating a Referral

Create Referral

Once all relevant Case Page information is added/updated, Click on “Create HCBS Referral”

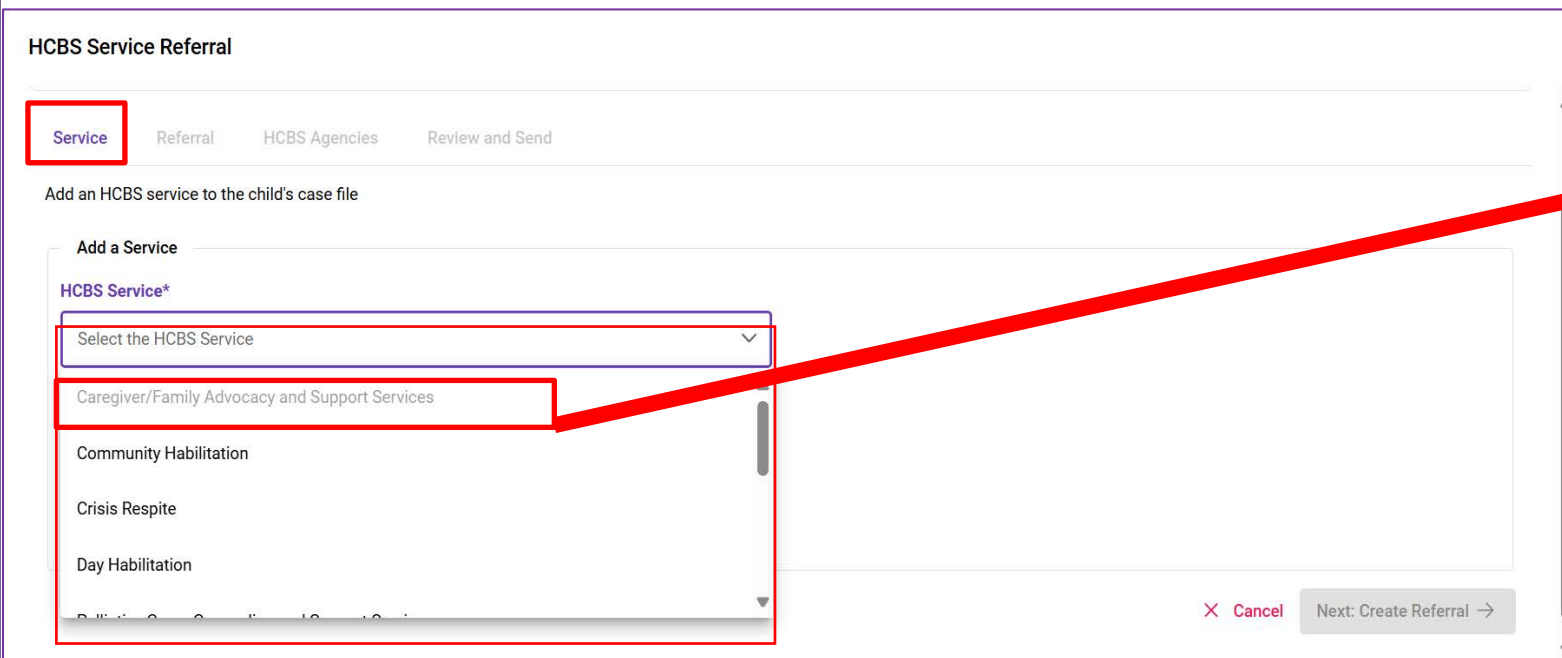
Name	CIN	DOB	Age	Sex	☒ Medicaid Expiration
		11/29/2008	16	MALE	05/31/2025
☒ HCBS Enrollment	☒ Latest Assessment	Fiscal County		HCBS Designated County	
Serious Emotional Disturbance	HCBS Eligible	Orange County		Bronx County	
K1: 01/01/2021 - 12/31/9999	HAND-IN-HAND DEVELOPMENT, INC.				
KK: 02/01/2021 - 12/31/9999	Outcome Date: 08/08/2024				
Child Case Information					
HCBS Services					
HCBS Services					
Create HCBS Referral					



HHCM/C-YES: Creating a Referral

Select a Service

- Choose specific HCBS from the dropdown (must submit a separate referral for each needed service)



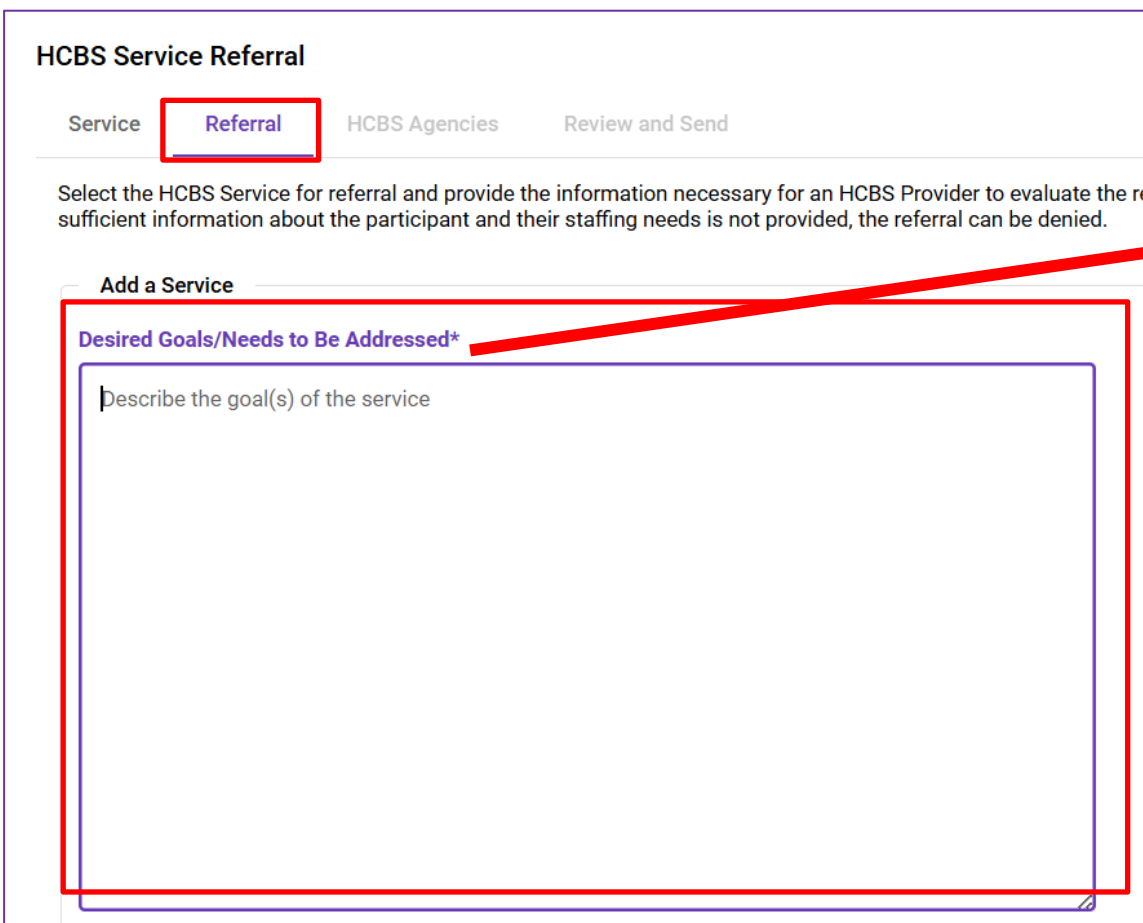
The screenshot shows the 'HCBS Service Referral' form. At the top, there are four tabs: 'Service', 'Referral', 'HCBS Agencies', and 'Review and Send'. The 'Service' tab is selected and highlighted with a red box. Below the tabs, the text 'Add an HCBS service to the child's case file' is displayed. Underneath, there is a section titled 'Add a Service' which contains a dropdown menu labeled 'HCBS Service*'. The dropdown menu is open, showing a list of services: 'Select the HCBS Service', 'Caregiver/Family Advocacy and Support Services', 'Community Habilitation', 'Crisis Respite', and 'Day Habilitation'. A red box highlights the dropdown menu, and a red arrow points from the text 'If a referral for a service is currently open (provider has not yet been selected), that service will appear greyed out.' to the dropdown menu. At the bottom right of the form, there are two buttons: 'Cancel' and 'Next: Create Referral ->'.

If a referral for a service is currently open (provider has not yet been selected), that service will appear **greyed out**.

Be sure to check the participant's HCB Service Page to verify if a referral has already been created for the participant prior to generating a new referral.

HHCM/C-YES: Creating a Referral

Report Goal(s)



The screenshot shows the 'HCBS Service Referral' form. At the top, there are tabs: 'Service', 'Referral' (highlighted with a red box), 'HCBS Agencies', and 'Review and Send'. Below the tabs, a instruction states: 'Select the HCBS Service for referral and provide the information necessary for an HCBS Provider to evaluate the request. If sufficient information about the participant and their staffing needs is not provided, the referral can be denied.' Under the 'Add a Service' section, there is a field labeled 'Desired Goals/Needs to Be Addressed*' which is highlighted with a red box. A red arrow points from this field to the explanatory text on the right. The text inside the field reads: 'Describe the goal(s) of the service'.

The **Desired Goals/Needs** box should be used by the HHCM/C-YES to indicate why the service was chosen.

Identify the assessed need(s) and the goal(s) to be achieved to help an HCBS provider evaluate the service request and determine if their current staff can meet the needs and goals.

Be specific and provide as much detail as possible.



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[HCBS Service Definitions and Necessity Criteria Policy](#)

HHCM/C-YES: Creating a Referral

Common Goals:

Help participant integrate into the community



Parents need help understanding child's condition



Participant would like to be more independent



Better Goals:

Due to autism and anxiety diagnoses, participant struggles to navigate the community safely. Participant requires assistance with learning safe and appropriate boundaries and appropriate communication with others in public. Participant reports feeling “uneasy” in public places, and as a result is often withdrawn and hesitant to enter public settings or attend community events.

Participant was recently diagnosed with cancer. The participant has a number of medical complexities. Parents report significant stress related to participant's diagnoses, treatments, and services as well as the participant's frequent outbursts due to frustration on missing school and not seeing friends. Parents request training to better support participant's needs in connection to their diagnosis.

18-year-old participant requires assistance in strengthening independent living skills such as cooking, laundry, and personal hygiene. Due to I/DD, participant requires assistance with these skills.



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HHCM/C-YES: Creating a Referral

Report Known Barriers and Strategies

Known Barriers and Strategies

Describe any known barriers for the goals, and strategies being used to address them.

Describe any known barriers for the goals and strategies being used to address them.

Some examples include:

Frequent re-engagement support: Some participants may need gentle reminders or guidance to stay focused or re-engage in conversation or activities

Sensory sensitivity: Awareness that the participant may become overwhelmed and need adjustments (i.e., fewer visual distractions, quieter environment)

Emotional barriers: Anxiety, fear, or frustrations that inhibit communication

Cognitive impairments: Difficulty understanding or processing information due to developmental or acquired condition (i.e., TBI)

Hearing impairments: Conductive hearing loss, Auditory processing Disorder, use of hearing devices.



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HHCM/C-YES: Creating a Referral

Identify Preferences

Preferred Staffing and Scheduling

Preferred - member/family indicated would be nice to have but are not required and not essential when assigning staff. Preferred staff traits may include gender, language, level of training and scheduling - ideal days/times.

This box should contain information about staffing preferences that the family **would like to have**, if possible, **but if not possible, would not necessarily prevent a staffing assignment from occurring**. If these items are a requirement, they should not be listed in this box but instead should be listed in the requirement box.

These **preferences** should be determined through conversations with the participant and family.

Best Practice:

Indicate the following participant/family **preferences**:

- Staff Experience/Training
- Staff Gender
- Schedule & Availability
- Cultural or Religious Considerations
- Language

****Revisit Preferences** prior to re-referring a referral (as outlined in slide 42)

HHCM/C-YES: Creating a Referral

Identify Requirements

Required Staffing and Scheduling

Required - member/family indicated that specific staff traits and scheduling is needed to have services delivered to them and is essential when assigning staff. Required staff traits may include gender, language, level of training and non-negotiable scheduling of specific days/times for service delivery.

This box should contain information about staff/scheduling **requirements** that **must be present in staffing assignment**. If these items are only a preference, they should not be listed in this box but should instead be listed in the 'Preferences' box.

These **requirements** should be determined through conversations with the participant and family.

Best Practice:

Indicate the following participant/family **requirements**:

- Staff Experience/Training
- Staff Gender
- Schedule & Availability
- Cultural or Religious Considerations
- Language

****Revisit Requirements prior to re-referring a referral (as outlined in slide 42)**



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HHCM/C-YES: Creating a Referral

Additional Comments

Additional Comments

Additional comments about the service and family

The **Additional Comments** box should be used to provide additional relevant information about the child/youth/family and their needs

Best Practice:

Include info about medical equipment needed during service delivery, special care instructions/needs during service delivery, etc.

Consider Legal and Custodial Restrictions (Clarify custody agreements or court orders that impact participation or communication).

Locale of the participant if there are different living arrangements at different times.

Step 4: Submit a Referral and Communicate with Providers

HHCM/C-YES: Submitting a Referral

Selecting an HCBS Provider

HCBS Service Referral

Service Referral **HCBS Agencies** Review and Send

Designated Agencies for **Prevocational Services** in **Columbia** county.
Select all of the agencies for which you are referring this service.

☐	Agency ↑↓	Additional Designated Services
☐	Astor Services for Children & Families	• Caregiver/Family Advocacy and Support Services
☐	Northeast Parent & Child Society, Inc.	• Caregiver/Family Advocacy and Support Services • Crisis Respite • Planned Respite
☐	St Catherine's Center for Children	• Caregiver/Family Advocacy and Support Services • Planned Respite Services

- All designated HCBS providers for the **service**, in the **county** where the child/youth resides, and in **good standing** with the State are shown in the list.
- The HHCM/C-YES should verify that the referred providers are in the MMCP network.
- Referrals **may not** be sent to agencies that the family did not choose.

Best Practice:

Discuss all available providers with participants/families. Consider if a referral to all available providers may be appropriate.



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HHCM/C-YES: Creating a Referral

Sending the Referral

The HHCM/C-YES will **review and send** the referral to the chosen HCBS provider(s).

The screenshot shows a web interface with a top navigation bar containing 'Service', 'Referral', 'HCBS Agencies', and 'Review and Send'. The 'Review and Send' tab is highlighted with a red box. Below the navigation bar, a message states: 'Review and send the referrals to the selected HCBS Agencies. The agencies will have 3 business days to respond to your request.' The main content area is divided into two panels. The left panel, titled 'Referral Details', contains four sections: 'Desired Goals' with the value 'Goals', 'Known Barriers and Strategies' with the value 'Strategies', 'Family Preferences' with the value 'Preferences', and 'Additional Comments' with the value 'None Specified'. The right panel, titled 'Selected Agencies', contains a bulleted list of three agencies: 'Families First in Essex County, Inc.', 'Northeast Parent & Child Society, Inc.', and 'Parsons Child and Family Center'. At the bottom right of the form, there are two buttons: a red 'X Cancel' button and a blue 'Send Referrals' button with a paper plane icon. The 'Send Referrals' button is highlighted with a red box.

Note: Referred HCBS Providers will receive alerts and emails indicating that they have received a new referral.



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HHCM/C-YES: Submission & Provider Communication

After the referral is sent in the Portal, the HHCM/C-YES will receive an alert when an HCBS provider has accepted the referral.

The HHCM/C-YES must then return to the Portal to **“select” an HCBS provider within 7 calendar days.**

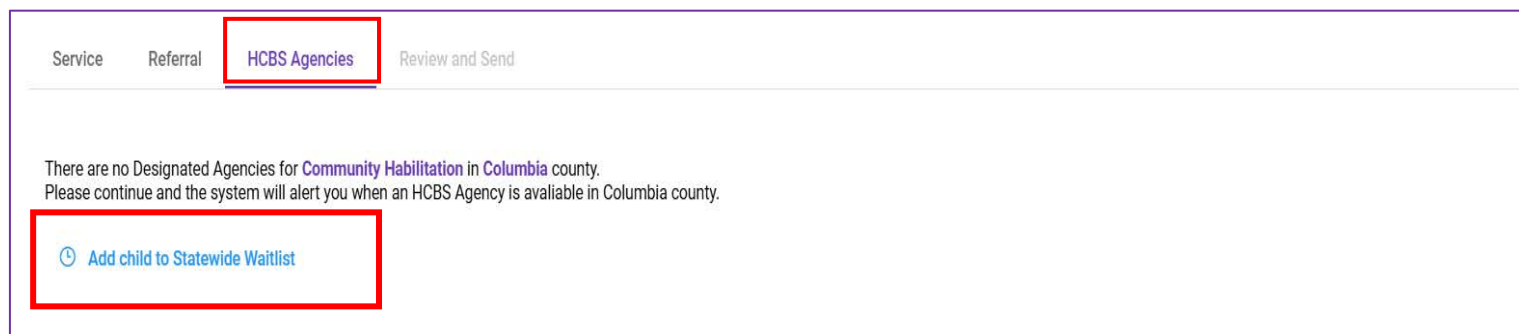
The HHCM/C-YES is expected to be responsive to requests or questions from the potential HCBS providers to ensure a service connection.

Additional documentation can be requested from the HCBS provider after the provider has been “selected” to provide the service and obtain consent from the participant/family. HHCM/C-YES should not be sending additional documentation such as clinical materials, CANS-NY, POCs, etc. without proper consent.

*An HCBS provider **MUST** be selected by the CM to be able to provide service. Services cannot be provided by HCBS providers when a referral was not made in the Portal or when the HCBS provider was not “selected”*

HHCM/C-YES: Submitting a Referral

Statewide and Agency Waitlists



Service Referral **HCBS Agencies** Review and Send

There are no Designated Agencies for **Community Habilitation** in **Columbia** county.
Please continue and the system will alert you when an HCBS Agency is available in Columbia county.

 [Add child to Statewide Waitlist](#)

Best Practices:

Promote Transparency with Families: Engage in open and clear communication with families about waitlists. Articulate when there are no available providers within a designated county. This approach fosters trust and understanding.

Care Manager's Knowledge of Agency and Statewide Waitlist Mechanism: Care Managers need to know how these waitlists function. The criteria for placement and the factors influencing waitlist dynamics, as well as how to move the participant off the Statewide waitlist and re-refer participants.

HHCM/C-YES: Creating a Referral- Waitlists

Contact your lead Health Home (HH) and alert them of regional / county service gaps.

Connect with participant's MMCP for support to locate available providers and/or discuss out-of-network agreements.

Document barriers to services in the case record.

Check the Portal regularly for updates.

Discuss other provider options with the participant/family if they become available.
Re-send referrals to providers, as appropriate.

If barriers persist for over 3/4 months, contact the Department

Step 5: Ongoing Monitoring of Service Delivery

HHCM/C-YES: Ongoing Monitoring of Services

For participants who are accepted by an HCBS provider agency, the care manager should have contact with the HCBS provider while establishing the services and Frequency, Scope, and Duration. HCBS providers should contact HHCM/C-YES **at least monthly** and **Care 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 participant/family to monitor progress and updates related to HCBS.
- The HHCM/C-YES will schedule Multidisciplinary 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.

HHCM/C-YES: Ongoing Monitoring of Services

For participants who have been waitlisted, or who have had service disruptions (i.e. staff member has left, etc.), the HHCM/C-YES will take the following steps:

- Discuss options with the participant/family (i.e. potential referrals to alternative HCBS providers, potential updates to staffing requirements/preferences).
- Contact the referred HCBS provider, as appropriate, to receive status updates.
- Discussion with the HCBS provider and participant/family surrounding changes to Frequency, Scope, Duration (Multi-disciplinary team meeting)
- Document all barriers to service delivery and actions taken to address barriers in the participant's case record.
- Make additional referrals for HCBS, as appropriate.

HHCM/C-YES: Withdrawal Process

The screenshot displays the HHCM/C-YES interface. At the top, there is a header 'Requested Agencies' with a '+ Add Agency' link. Below this, a card for 'Abbott House' is shown with a 'NO RESPONSE' status. The card includes the following details: 'Request Date' 08/15/2025, 'Response Due' 08/22/2025, and 'Expiration Date' 09/06/2025. A red box highlights a 'Withdraw' button with a circular arrow icon. Below this card, another card for 'Abbott House' is shown with an 'ACCEPT' status. This card includes: 'Request Date' 08/15/2025, 'Response Date' 08/15/2025, 'Response Due' 08/22/2025, and 'Response User' Carissa Horton (carissa.horton@health.ny.gov). A red box highlights a 'Withdraw' button with a circular arrow icon, and a 'Select Agency' button with a checkmark icon is also visible.

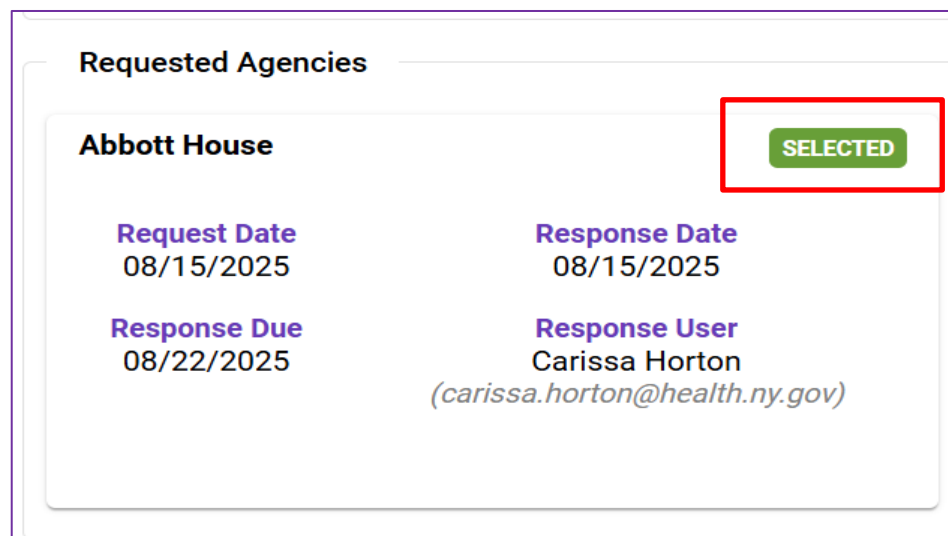
The CM can withdraw a referral under these circumstances:

- **No Selection Made:** If a referral has been sent to HCBS providers and no selection has been made, you can withdraw the referral at any time.
- **Participant Waitlisted by Agency:** If the HCBS provider waitlists the participant, you still retain the ability to withdraw the referral.
- **Referral Accepted by Agency:** If the HCBS provider accepts the referral, you still have the option to withdraw the referral, prior to making a selection.



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HHCM/C-YES: Withdrawal Process



Requested Agencies

Abbott House

SELECTED

Request Date
08/15/2025

Response Date
08/15/2025

Response Due
08/22/2025

Response User
Carissa Horton
(carissa.horton@health.ny.gov)

The CM **cannot** withdraw under these circumstances:

If the HHCM/C-YES has selected an HCBS provider, the referral cannot be withdrawn.

Once an HCBS provider selection is made, the “Withdraw” feature is removed.

If an HCBS Provider has been selected, and the service is no longer needed, the care manager can opt to “discharge” the participant.

HHCM/C-YES: Withdrawal Process

Requested Agencies

+ Add Agency

Abbott House

NO RESPONSE

Request Date
08/15/2025

No Response

Response Due
08/22/2025

Expiration Date
09/06/2025

Withdraw

Requested Agencies

Abbott House

ACCEPT

Request Date
08/15/2025

Response Date
08/15/2025

Response Due
08/22/2025

Response User
Carissa Horton
(carissa.horton@health.ny.gov)

Withdraw

Select Agency

Withdrawal Best Practices:

- **Communicate with Families:** Before withdrawal, ensure this choice is aligned with participant/family choice.
- **Coordinate with HCBS Providers:** If a provider has already accepted, discuss service status before withdrawing.
- **Documentation:** Record the reason for withdrawal within the participant's file for transparency and future reference.
- **Monitor System Alerts:** Ensure there are no pending services (selection, response)
- **Take Prompt Action:** In the event that the identified need is no longer present or if services have been erroneously directed to an inappropriate HCBS provider, withdraw promptly to avoid any delays in care



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HHCM/C-YES: Re-Referral Process

When the participant has ended up on the Statewide waitlist and the CM wants to refer them back to HCBS provider(s).

1. Access the HCBS Service tab of the Child's Case Page: navigate to the dedicated HCBS Service tab of the Child Case Page to find all services associated with the participant.
2. Locate Open Referrals: On the HCBS Services tab of the Child Case Page, navigate to the service that requires a re-referral
3. Review Referrals: In the Service section, Click on  [View Referral](#) . Open the specific referral you wish to update. Make sure to carefully review the information.
4. Edit Information:  [Edit Referral](#) Before re-referring, ensure that all required and pertinent information about the participant is current and accurate.
5. To send a referral to a new agency, select [+ Add Agency](#)
6. To initiate a re-referral to the same agency, users must first select  [Withdraw](#) . After confirming the withdrawal, users can then click on [+ Add Agency](#) and select from the drop-down list the desired provider for re-referral.

Common Referral Challenges

HCBS Referral Review

Recently, the Department completed a review of a sample of referrals associated with participants on the Statewide Waitlist. Below are errors that were identified frequently:

Issue	Solution
Many participants on a waitlist were no longer HCBS eligible.	Referrals for participants who are no longer eligible and/or no longer interested in receiving the service should be withdrawn/discharged.
Many referrals lacked appropriate details (i.e. diagnoses, meaningful goals, schedule information, etc.)	Provide detailed referrals with all information necessary to make staffing decisions. Distinguish between preferences and requirements. Include all relevant participant diagnoses/conditions.
Multiple referrals created for the same service.	Duplicate referrals that are generated in error should be withdrawn.

HCBS Referral Review

Frequent HCBS Referral Errors identified (Continued):

Issue	Solution
HCBS provider accepted referral, but CM never selected provider	Return to the Portal to select an HCBS provider. As the HCBS provider technically should not be serving the participant, won't be able to complete an authorization request, and may not be paid for service.
Referrals sent to only one provider (who waitlisted participant), when multiple providers are available	Discuss all provider options with participants/families and consider referring to additional agencies, as appropriate
Many referrals were submitted once. After being waitlisted, they never re-referred.	CMs can re-refer participants, as appropriate after time has passed.

HCBS Referral Importance

Why it is necessary for CMs to understand how the Referral Portal works and impact of the waitlists:

- Timely Connection to an HCBS provider for services
- MMCP and Health Homes ability to assist with waitlist barriers
- State is planning to utilize the waitlist information to work with MMCPs to build service capacity
- State will utilize the Portal and waitlist information in future HCBS provider designation and expansion request

Recent & Upcoming IRAMS Updates

Planned and Crisis Respite Updates

Children's HCBS participants **cannot** receive the same HCBS from multiple designated provider agencies (e.g., participant cannot receive Planned Respite from both Provider Agency (A) and Provider Agency (B). If **extenuating circumstances** necessitate the provision of the same HCBS from different providers, the HHCM/C-YES must provide documented justification for these scenarios and receive approval from the State. Extenuating Circumstances may include a need for Overnight Respite and daytime, hourly Respite. Due to overnight Respite provider requirements, many agencies do not offer this type of Respite.

Historically, the Portal has not allowed for more than one agency to provide the same HCBS to the same participant. When a second Respite provider was selected by the HHCM/C-YES, the participant was automatically discharged from the first Respite provider. In response to Stakeholder feedback, **the Portal has been updated to allow for service connections to more than one Planned and/or Crisis Respite Provider.** This allowance is only applicable to Planned Respite and Crisis Respite. This update is intended to assist in meeting the need for both daytime and Overnight Respite and will be effective October 3, 2025.

Details of this update were issued in an [announcement](#) earlier this month.

Planned & Crisis Respite Updates

If you have a participant in need of two Planned Respite providers, the system will **no longer automatically discharge an existing Planned Respite provider when a new provider is selected via the ‘Select Agency’ button in a referral.**

Requested Agencies

+ Add Agency

Abbott House

ACCEPT

Request Date

09/04/2025

Response Date

09/05/2025

Response Due

09/11/2025

Response User

Carissa Horton
(carissa.horton@health.ny.gov)

Withdraw

Select Agency

CHDFS, Inc

ACCEPT

Request Date

09/04/2025

Response Date

09/04/2025

Response Due

09/11/2025

Response User

Carissa Horton
(carissa.horton@health.ny.gov)

Withdraw

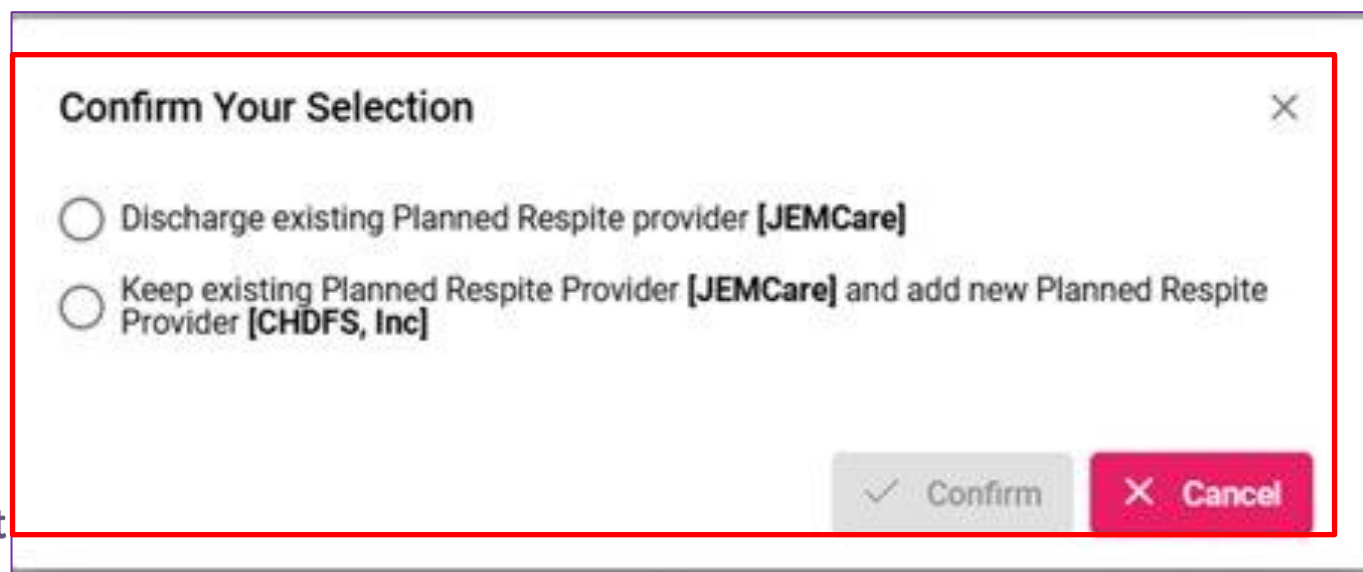
Select Agency



Planned & Crisis Respite Updates

After sending a second referral and receiving an “Accept” response from a second Respite Provider, the system will present a prompt to the Care Manager to confirm provider selection. When selecting a **second** provider to for Respite, the following two options will appear:

- Discharge existing Planned/Crisis Respite provider [PROVIDER NAME]
- Keep Existing Planned/Crisis Respite provider [CURRENT PROVIDER] and add new Planned Respite provider [NEWLY SELECTED PROVIDER].



Confirm Your Selection

☐ Discharge existing Planned Respite provider [JEMCare]

☐ Keep existing Planned Respite Provider [JEMCare] and add new Planned Respite Provider [CHDFS, Inc]

✓ Confirm X Cancel



Planned & Crisis Respite Updates

Only 2 Planned Respite/Crisis Respite providers can be selected to provide the service. If an HHCM/C-YES sends a 3rd Respite referral, they'll be prompted to discharge at least one of the existing Respite providers:

Step 1: Confirm Selection

Confirm Your Selection

☒ Keep existing Planned Respite Provider [Abbott House, Harmony Services, Inc. DBA United Courage] and add new Planned Respite Provider [Abbott House]

→ Next

✕ Cancel

Step 2: Select Provider to Discharge

Select Provider To Discharge

Select which provider to discharge:

☐ Abbott House

☒ Harmony Services, Inc. DBA United Courage

✓ Confirm

← Back

Planned & Crisis Respite Updates

After a discharge, if services are to be resumed with the **previously** discharged provider, the Care Manager **must** submit a **new referral** to that provider. For Care Managers, the Service History will indicate that the participant was discharged.

Planned Respite History				
Referral: 48494	REFERRAL	Refer Date: 9/8/25	Not Selected	
Referral: 48475	ACTIVE	Refer Date: 9/8/25	CHDFS, Inc	 
Referral: 48438	DISCHARGED	Refer Date: 9/4/25	CHDFS, Inc	Discharge: 9/8/25 (Another HCBS agency was selected)  

Extracts

The system can generate downloadable reports on the following:

Waitlist Extract- CURRENTLY AVAILABLE

- Information about participants on Statewide and Agency Waitlists
- Additional information found in the [Waitlist Extract Definition Document](#)

Member Level Information Extract- COMING SOON

- Information about participant Eligibility, Enrollment, and Services (i.e. LOC due dates, Medicaid enrollment errors, etc.)

Staff Compliance Extract- COMING SOON

- Information about staff training and background check compliance (i.e. training completion dates, etc.)

Extracts

- On the Child Summary Page, at the top of the page, users will find two essential export features: “**Export Waitlist**” and “**Export Members**”. To Export Waitlist or Members Files:
- Click on the either “Export Waitlist” or “Export Members” button.
- The export process will commence automatically, and the file will begin downloading.

The screenshot displays the 'HCBS Child Summary' interface. At the top left is a search bar labeled 'Search CIN/Name' with a magnifying glass icon. To its right are three toggle switches: a clock icon with '7', an envelope icon with '5', and a checkmark icon with '19'. Further right is a 'Child Name' dropdown menu, followed by two sort icons (one with 'A-Z' and one with 'Z-A'). To the right of these are 'Filter' and 'Clear' buttons. Below the main header area, two blue buttons are highlighted with red boxes: 'Export Wait List' and 'Export Members'. Below the 'Export Wait List' button, a red box highlights a larger version of the same button. A red arrow points from the smaller 'Export Wait List' button in the header to this larger button. Similarly, a red arrow points from the 'Export Members' button in the header to a larger version of the same button, which is also highlighted with a red box.

Q & A



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Contact Us

- Questions on the HCBS Referral Portal can be sent to the [Health Homes BML](#) with a subject line of “IRAMS Questions only - No PHI”
- General HCBS questions can be sent to BH.Transition@health.ny.gov
- Visit the IRAMS page on [DOH](#) website for additional resources

NYS DOH Website

- Find guidance, policies, forms, webinars, and more on the NYS DOH 1915c Children's Waiver webpage located at, [1115 Waiver/Home and Community Based Services \(HCBS\)](#)

Overview of 1915c Children's Waiver and 1115 Waiver	Stakeholder Engagement	Information for Children/Youth and Families	Children's HCBS Waiver Provider Guidance, Policies, & Webinars
Children's HCBS Manuals and Rates	Capacity Management	HCBS Eligibility, Services, and Plan of Care	Care Management Guidance, Policies, & Webinars
Children and Youth Evaluation Services (C-YES)	EMods, VMods, AT, & Non-Medical Transportation	Critical Incident, Staff Compliance Tracker, & HCBS Referral and Authorization Portal	OPWDD Resources
Archive			

Appendix



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Email & System Notifications



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HHCM/C-YES Emails: Daily Digest

New York State: Incident Reporting and Management System

HCBS Referral: Daily Digest

Below is the HCBS Referral Summary for **Children and Youth Evaluation Service** on **08/14/2025**

Waitlisted Children

Statewide Waitlist	2
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New York State: Incident Reporting and Management System

HCBS Referral: Daily Digest

Below is the HCBS Referral Summary for **ADIRONDACK HEALTH INSTITUTE INC** on **08/14/2025**

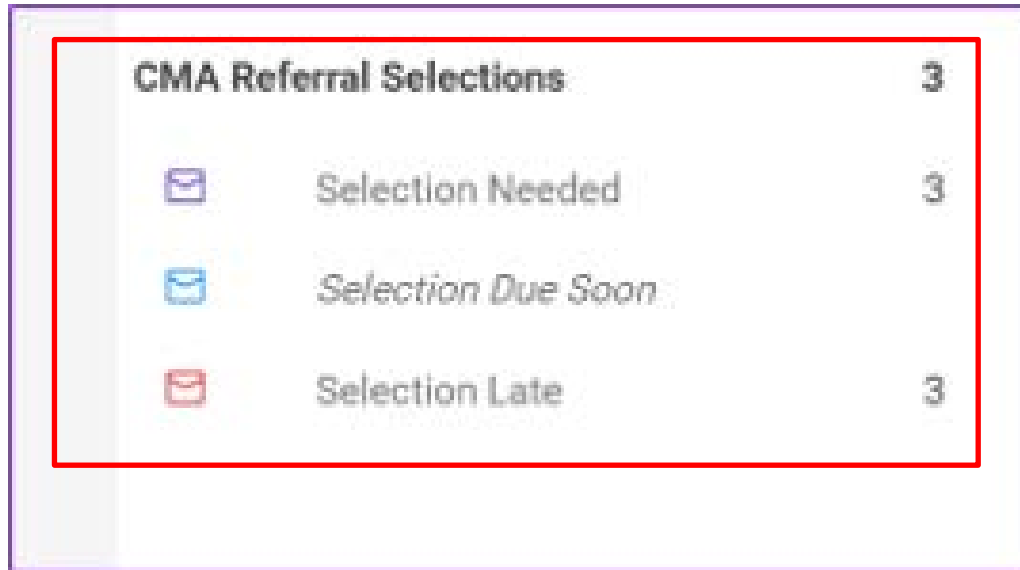
Waitlisted Children

Statewide Waitlist	2
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Daily Digest features can help HHCM/C-YES manage cases. HHCM/C-YES receive email notifications pertaining to critical actions that require timely responses. The daily digest will encompass the following components:

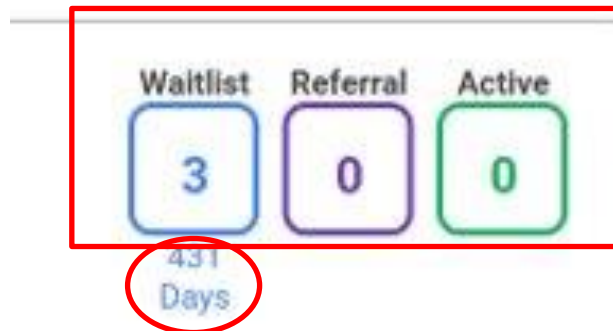
- CMA Selections that are ready for review, along with their designated Due Dates for responses
- Expired Authorizations, indicated alongside the expiration date
- Waitlisted Children, as part of the Statewide Waitlist.

HHCM/C-YES Menu Alerts



A screenshot of the HHCM/C-YES system interface. A red rectangular box highlights a section titled 'CMA Referral Selections' which contains three items, each with an envelope icon and a count of 3:

Alert Type	Count
Selection Needed	3
Selection Due Soon	3
Selection Late	3



Menu Alerts features can help HHCM/C-YES manage cases. This can be found in side bar of the system.

On the HCBS Child List Page, you will find each participant listed along with the number of days they have been on the Statewide Waitlist. This information helps in tracking waitlist duration for each participant.

