



Department
of Health

Medicaid

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

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SECTION 1 – PORTAL ACCESS

I. Accessing the System

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

A. User Guide Features

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

II. Permissions and Roles Home Screen

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

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

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

SECTION 2 – REFERRAL PROCESS

I. Prior to Making a Referral

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

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

Referrals **cannot be created** for participants in the following circumstances:

- Participants with expired HCBS Eligibility
- Participants without or expired Medicaid
- Participants without or expired K Codes

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

If a participant's eligibility status changes (i.e., loses Medicaid, disenrolls from the Waiver, etc.), the system will not automatically close/withdraw a referral for the participant, 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 eligibility and enrollment. The care manager and HCBS provider should communicate as needed regarding status of the participant's circumstances.

If a participant has transferred Care Management Agencies, the new CMA will inherit the participant's case in the Referral and Authorization Portal.

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

☒ **HCBS Enrollment**
Serious Emotional Disturbance
 K1: 04/01/2021 - 12/31/9999
 KK: Not Active

☒ **Latest Assessment**
HCBS Eligible
 HAND-IN-HAND DEVELOPMENT, INC.
 Outcome Date: 01/10/2024

Age
14

Sex
FEMALE

☒ **Medicaid Expiration**
12/31/9999

Fiscal County
New York City County

HCBS Designated County
Kings County

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

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

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

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

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

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

- Participant availability for services (i.e. schedule of any currently existing education programs, regularly scheduled appointments, extracurricular activities, etc. that the participant attends).
- Participant/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/family preferences and requirements in scheduling (i.e. weekend only service provision, etc.).
- Participant/family preference in service location (i.e. services on-site, at specific community location, etc.).
- Additional information relevant to caring for/serving the participant such as:
 - Any special medical equipment the participant would require during service delivery such as a g-tube,
 - Any conditions that could impact service delivery such as seizure conditions or accessibility needs,
 - Any 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.

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

II. Child Case Page

The Child Case Page provides basic information about the participant including enrollment and
 July 2025

demographic information.

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

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

Care managers and HCBS providers, once selected, will have the ability to edit the Child Case Page. Medicaid Managed Care Plans will have a view-only role of the Child Case page for participants in their organization.

The below screenshots provide an overview of what users will see when viewing a Child Case Page

Name [REDACTED]	CIN [REDACTED]	DOB [REDACTED]	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
Child Case Information HCBS Services					
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 [REDACTED]	Mailing Address [REDACTED]	Residence County Rockland			
Child Information Edit					
Residence Address test test, NY 00000 Columbia County Contact Info test@test.gmail.com	Primary Diagnosis test Languages English	Preferred Name Not Specified Pronouns Not Specified			

Under the Care Team Members section, users will find contact details (name, phone, email) of the HHCM/C-YES, HCBS provider (once selected) and other team members. For Family/Guardian Information, users can view details of parents/ guardians associated with the participant. This includes names and contact information on who the participant resides with and their relationship to the participant. This section also provides information on siblings living in the household, along with their status regarding HCBS and Health Home enrollment.

Care Team Members

Add Care Manager

test

Primary

HAND IN HAND DEVELOPMENT INC

Care Management Agency

Care Manager

test@test.com

(718) 000-2020

Last updated on 7/8/2025 3:48 PM

ar

HAND IN HAND DEVELOPMENT INC

Care Management Agency

Care Manager

a@b.com

(111) 222-3333

Last updated on 7/8/2025 3:48 PM

Set Primary Contact

person name

HAND IN HAND DEVELOPMENT INC

Care Management Agency

Care Manager

cp@doh.com

(111) 222-3333

Last updated on 1/3/2025 2:09 PM

Set Primary Contact

Family / Guardians

Complete

Add Guardian

Add Sibling

Test Guardian (Mother)

Primary

Blueberry lane

Brooklyn, NY 11218

Lives with Child

(000) 505-5050

There are no Siblings listed.

In the Schedule and Activity Information section, users will see details about the participant's weekly schedule, including school hours, appointments, extracurricular activities, and summer activities. If the participant is in foster care or in a facility, users can see information about this placement.

Schedule and Activity Information

Complete

Edit

School/Education

The child currently attends school or a vocational program.

Test school activities

Regular Appointments, Activities/Extracurriculars, Daycare and other Programs

Test regular appts

Summer Schedule

Test Summer sch

Last updated by Carissa Horton from HAND IN HAND DEVELOPMENT INC at 1/3/2025 2:10 PM

Foster Care / Facility

Edit

Voluntary Foster Care Agency (VFCA)

Not in Foster Care

Current Facility

Not in a facility

Latest Admission

Not Specified

A. Filters

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

To refine a search, click the **Filter** button located in the upper right-hand corner of the page. This will bring up the box below where users can filter by designated counties, HCBS services, service status, and organizations. Users can also use the filters to narrow down their search by Managed Care Plan, CMA, Health Home, and HCBS Agency.

To check the 'Service Status,' the toggle feature may be used to filter through referral eligible only, documents only, and recent HCBS activity only.

The following are filters that can be applied:

- **Service Type:** Displays participants that selected services in IRAMS. The service may be active or inactive.
- **Service Status:** Displays participants that have services with the selected statuses.
- **Referral Eligible Only:** Displays participants that are referral eligible. This includes participants with active K1, active LOC, and active Medicaid enrollment.
- **Document Only:** Displays participants that have downloadable referral forms.
- **Recent HCBS Activity Only:** Displays participants that have an active or recently expired K1 or LOC, or participants with active referrals or services within IRAMS.
- **HCBS Agency:** Displays participants currently associated with the selected HCBS Agencies.

The following shows an example of the Service Status filter. The user will click into the intended filter box and select the criteria they want to see in their search. If a user wants to see Active services, they must click **Active**. Agencies can filter their own agency waitlist by clicking on **Agency Waitlist**.

Service Status

ACTIVE

☐

☒ ACTIVE

☐ AGENCY WAITLIST

☐ DISCHARGED

☐ REFERRAL

The user can add multiple filters to refine their search to specific criteria. When users select the filter(s) they desire, the filter statuses are displayed at the top under the Child Summary Page, example below:

CMA: HAND IN HAND DEVELOPMENT INC

Referral Eligible Only

Recent HCBS Activity Only

Document Only

Participant Authorization Submission and Expiration Dates will be displayed on the Child List Page and can be used to sort the names and services of participants who currently receive and have previously received HCBS. The Child List Page can also be sorted by the Child’s Name, Referral Date, Service Discharge Date, and Information Request Date.

Also on the Child Case Page is the Export Waitlist feature. Users can export their waitlist data, by selected “Export Waitlist”. The exported waitlist file contains information about assigned participants and offers the ability to filter the data according to specific criteria. Users can click on the “Export Waitlist,” and the export will automatically start to download. Once a user opens the file, they will find the items below to review for each participant:

<ul style="list-style-type: none">• Member CIN• Participant's• Health Home Name & ID• CMA Name & ID• Plan Name & ID• Agency Name• VFCA Name• Requested County• Waitlisted Services• Service	<ul style="list-style-type: none">• Referral Status• Referral Date• Referral Date• Waitlist Days• Waitlist Reason• Waitlist Expiration• Expiration Status• Agency Designation• Active Services• Referral Eligible: K1 Status, HCBS Eligible, Medicaid Eligible
--	---

HCBS Child Summary

Search CIN/Name

1 4 7

Child Name

Referral Date

Auth Submission Date

Auth Expiration Date

Service Discharge Date

Info Request Date

Filter Clear

Export Wait List

B. Participant Information

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

Child Information

Complete

Residence Address

101 Any Street
Albany, NY 12111
Saratoga County

Primary Diagnosis

Chronic Stress and Anxiety Diagnoses

Preferred Name

Child

Languages

English
Spanish

Pronouns

He/Him

Update

Languages

Primary Language*

Secondary Language

Identity

Preferred Name

Pronouns

Cancel Save

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

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

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

NOTE: For languages, the dropdown contains a suggested list for autocomplete. Users can manually enter any additional value, as needed.

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

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

- 1. If the participant’s Medicaid county of residence is in NYC
- 2. If the participant’s Medicaid county is listed as a Special county in Medicaid (OMH)
- 3. If there is a discrepancy between Medicaid residence county and the county of the residence zip code
- 4. If the participant is in Foster Care and the Medicaid fiscal county differs from the physical location where the participant resides

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

Name [REDACTED]	CIN [REDACTED]	DOB 12/05/2011	Age 12	Sex MALE	⊖ Medicaid Expiration 01/31/2022
✓ HCBS Enrollment Serious Emotional Disturbance K1: 03/01/2024 - 12/31/9999 KK: Not Active	✓ Latest Assessment HCBS Eligible HAND-IN-HAND DEVELOPMENT, INC. Outcome Date: 03/19/2024	Fiscal County New York City County	⊖ HCBS Designated County NYC Borough Required		
					Edit County

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

Age 12	Sex MALE	⊖ Medicaid Expiration 01/31/2022
Fiscal County New York City County	⊖ HCBS Designated County Select County ▼ ✓ ✕	

The participant’s Designated County must be accurate in order to receive services from HCBS providers who are designated to serve in the county in which the participant resides. The **‘Edit County’** option will only appear if the participant falls into one of the four circumstances outlined above.

C. Care Team Member Information

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

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

Care Team Members ⚠ At least one care manager is required There are no care team members assigned to this child.	Add Staff
--	-----------

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

Care Team Members Information

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

Select Care Manager

No available Care Managers. Please add a care manager using Edit Staff.

Cancel

Save

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

Care Team Members

Edit Staff

Care Team Members Information

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

Select Staff

☐ Primary Contact

Cancel

Save

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

Edit Staff Details

+ Add New

Close Editing Staff window

Staff Name	Email	Phone	Actions
John Doe	john.doe@cm.org	(555) 555-1212	<div><div></div><div></div></div>

Edit Staff Details

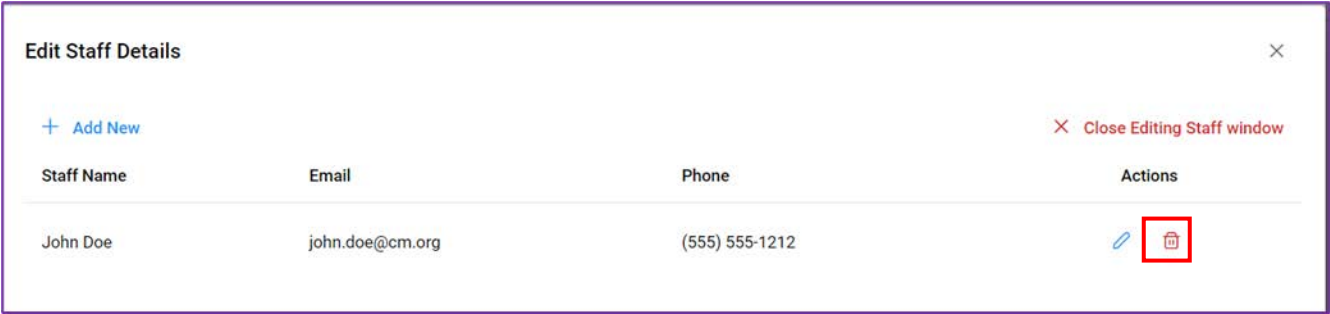
+ Add New

Close Editing Staff window

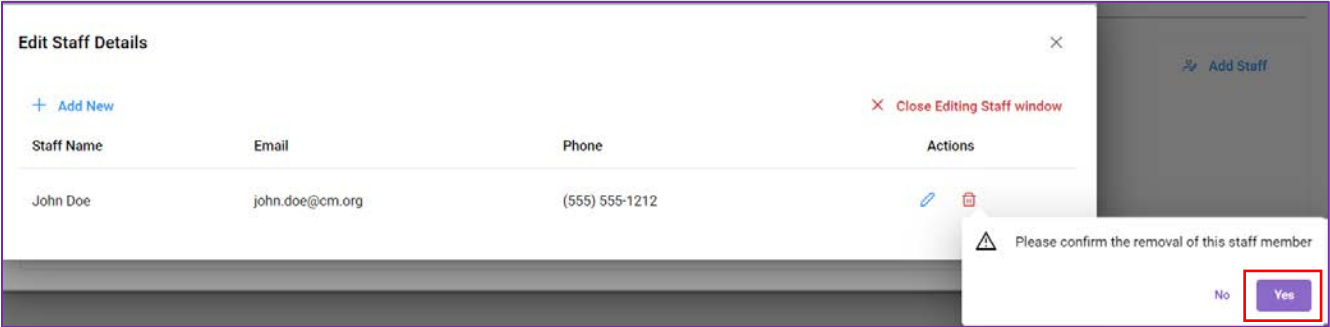
Staff Name	Email	Phone	Actions
<div>John Doe</div>	<div>john.doe@cm.org</div>	<div>555-555-1212</div>	<div><div></div><div></div></div>

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

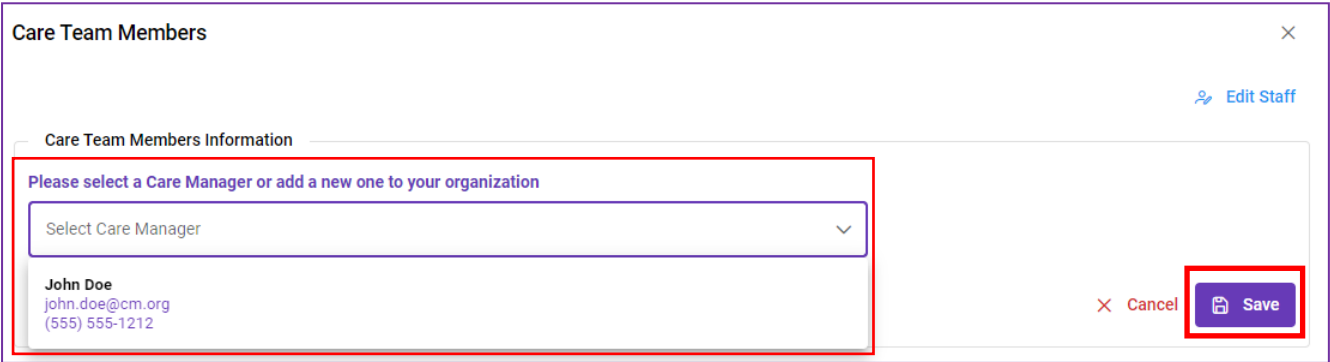
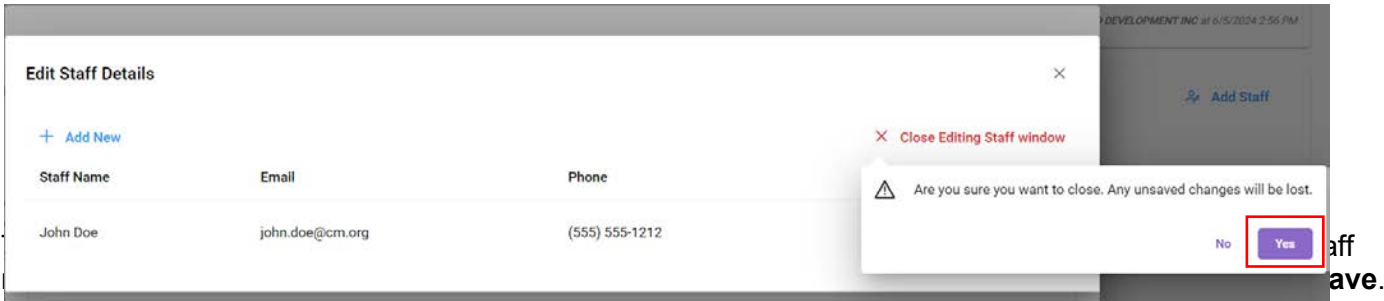
Users can also delete a staff member by clicking the **trash icon**.



Users will need to confirm their intent to delete the staff member.



When users have finished editing and adding staff members, they can click **Close Editing Staff Window** and confirm they saved all their intended changes.



Once a Care Team Member has been successfully added, their name and contact information will appear on the Child Case Page.

Care Team Members

John Doe

Care Manager

HAND IN HAND DEVELOPMENT INC
Care Management Agency
john.doe@cm.org
(555) 555-1212

Last updated on 8/13/2024 3:26 PM

Add Staff

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

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

D. Schedule and Activity Information

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

Schedule and Activity Information

Complete

School/Education/Extracurricular

The child currently attends school or a vocational program.

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

Summer Schedule

N/A

Regular Appointments/Activities

M/W/F: 7p - 7:30p Physical Therapy

Update

The HHCM/C-YES or HCBS Provider, once selected, can update the participant’s schedule and activity information by pressing the “Update” button.

Schedule and Activity Information

Complete

 Edit

School/Education

The child currently attends school or a vocational program.

Monday - Friday 7a-3p

Regular Appointments, Activities/Extracurriculars, Daycare and other Programs

M, W, F, 5p -7 p Physical Therapy

Summer Schedule

No Summer Schedule is provided.

The HHCM/C-YES or HCBS provider, once selected, can update the participant's schedule and activity information by pressing the "Edit" button

Child Schedule

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

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

Yes

School/Education*

Enter information about any recurring schedules based on school or educational programs. Include days and times.

Regular Appointments, Activities/Extracurriculars, Daycare and other Programs

Enter information about any standing appointments the participant has (i.e. OT, PT, etc.). Also provide information on any extracurriculars or activities the participant regularly participates in (i.e. sports, clubs, etc.). Lastly, provide information on any other programs or services that the participant regularly participates in/receives (i.e. CFTSS, PDN, ABA, daycare, etc.). Include days and times.

Summer Schedule

Enter any scheduling differences for the summer.

Cancel

Save

Enter information about any recurring schedules for school or educational programs in which the child/youth. Include days and times.

Enter information about any standing appointments for the child/youth (i.e. OT, PT, etc.). Also provide information on any extracurriculars or activities the participant regularly participates in (i.e. sports, clubs, etc.). Lastly, provide information on any other programs or services that the child/youth regularly in/receives (i.e. CFTSS, PDN, ABA, daycare, etc.). Include days and times.

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

Summer Schedule

Enter any scheduling differences for the summer.

X Cancel Save

The HHCM/C-YES can enter the summer schedule for the participant if applicable. This can include regular summer activities such as camps or summer school. As much information as is known should be provided, including days and times.

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

E. Participant's Family/Guardian Information

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

Family / Guardians

Complete

Add Guardian Add Sibling

Dad Smith (Father)

Primary

99 Any Street
Albany, NY 12111

Lives with Child

dad.smith@gmail.com
(555) 555-1212

Mom Smith (Mother)

99 Any Street
Albany, NY 12111

Lives with Child

mom.smith@gmail.com
(555) 555-1313

Siblings

Sibling Name	CIN	HCBS?	Health Home?
Brother Smith	XX11111K	X	✓
Sister Smith		✓	✓

Edit Family/Guardian

Family/Guardian

Name*

Relationship*

Is this guardian a primary contact?*

Does the child reside with this guardian?*

Contact Information

Email

Phone*

Preferred Contact Method

Residence Address

Street Address*

City*

State*

Zip Code*

Cancel Save

HHCM/C-YES are required to fill in basic identification information on the participant's parent/guardian, including their name and relationship. The parent/guardian's full name should be entered. 'Relationship' is selected from a dropdown menu. HHCM/C-YES are required to select 'yes' or 'no' to indicate if this parent/guardian is the participant's primary contact and if the participant resides with this parent/guardian.

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

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

Edit Parent/Guardian

Parent/Guardian

Name*

Relationship*

Is this guardian a primary contact?*

Does the child reside with this guardian?*

Contact Information

Email

Phone*

Preferred Contact Method

Residence Address

Street Address*

City*

State*

Zip Code*

Save Cancel

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

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

Edit Sibling

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

Name*

CIN (If Known)

Does this sibling receive HCBS services?*

Yes
No

Is this sibling in a Health Home?*

Yes
No

Save
Cancel


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

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

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

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

Siblings			
Sibling Name	CIN	HCBS?	Health Home?
Brother Smith	XX11111K	X	✓
Sister Smith		✓	✓

 Edit/Add
 Delete

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

F. Foster Care/Facility Information

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

Foster Care / Facility

Foster Care

Is the child in foster care: ☒

Voluntary Foster Care Agency (VFCA)*

Astor Services for Children and Families

Name of Saratoga County LDSS Representative*

Mary Jones

Email of Saratoga County LDSS Representative*

mary.jones@saratoga.gov

Name of Medical Consenter*

Bob Smith

Facility

Is the child currently in a facility: ☒

Current Facility*

☒ Hospital
☐ Nursing Home
☐ Residential Placement

Latest Facility Admission

09/11/2023

Expected Discharge

09/30/2023

Save **Cancel**

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

HHCM/C-YES should indicate if a participant is in foster care using the sliding bar/toggle function. If a participant is placed at a Voluntary Foster Care Agency (VFCA), the HHCM/C-YES must select their VFCA from a drop-down menu. If participant is placed directly with the LDSS chose "In Direct Care of LDSS (No VFCA)"

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

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

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

G. Printing Referrals and Authorizations & Viewing Service History

After creating and finalizing referrals and authorizations, users can download a PDF and print these documents from the Child Case Page. Once the user clicks "Print Referral" or "Print Authorization", they will be taken to the PDF version, where in the top left corner they can click "Print". Once the user clicks "Print", they will have the option to save the referral or authorization as a PDF.

Referral ID
2420

Referred By
HAND IN HAND DEVELOPMENT INC

Referral Date
05/06/2025

Selection Date
05/12/2025

ACTIVE

Auth Expiring Soon

MCO Approval Required

Latest Authorization

Auth ID
2060

HCBS Agency
Abbott House

Submit Date
7/10/25

SUBMITTED

Authorized Services

Service Period	Hours	Units	H2014
4/12/25 - 7/12/25	13	52	13 Hours 52 Units

View Authorization

Print Authorization

Service Menu

View Referral

Print Referral

Discharge Child

Users will be able to print the referral or authorization for each service the participant is receiving and any previous services they have received.

Print

Authorization #1221

New York State Department Of Health
Children's HCBS Authorization Form
CAREGIVER/FAMILY ADVOCACY AND SUPPORT SERVICES

In order to view service history, users can navigate to the Children’s Service Page then click **View Documents** to see discharge information.

Caregiver/Family Advocacy and Support Services

Service History

Referred By
HAND IN HAND DEVELOPMENT INC

HCBS Agency
Abbott House

Referral Date
01/29/2025

ACTIVE

MCO Approval Required

Latest Authorization

Auth ID
1621

HCBS Agency
Abbott House

Submit Date
1/30/25

SUBMITTED

Service Period	Hours	Units	H2014	H2015
2/3/25 - 8/1/25	52	208	26 Hours 104 Units	26 Hours 104 Units

Community Habilitation

Service History

Referred By
HAND IN HAND DEVELOPMENT INC

HCBS Agency
Not Selected

Referral Date
02/10/2025

AGENCY WAITLIST

HCBS Response List

Waiting Data

Referred Agencies

Agency	Response Due	Selection Due	Expiration Date
Abbott House	02/17/2025		05/11/2025
Anim, Inc	02/17/2025		03/04/2025

Community Habilitation

Service History

Referred By
HAND IN HAND DEVELOPMENT INC

HCBS Agency
Abbott House

Referral Date
02/10/2025

ACTIVE

Auth Expiring Soon

MCO Approval Required

Latest Authorization

Auth ID
1641

HCBS Agency
Abbott House

Submit Date
2/11/25

SUBMITTED

Service Period	Hours	Units	H2014
2/1/25 - 2/28/25	8	32	8 Hours 32 Units

Crisis Respite

Service History

Referred By
HAND IN HAND DEVELOPMENT INC

HCBS Agency
Not Selected

Referral Date
01/28/2025

CANCELLED

Referred Agencies

There are no referred HCBS providers

History for specific services can be accessed via the HCBS Services page within the specific service at the top right corner. Using this function allows users to view the status of all submitted requests in addition to the
July 2025
Page 21 of 69

discharge date and reason and printing capabilities. Users can see the status of any Actively assigned services, as well as the status of any open referrals for the same service, as applicable.

Caregiver/Family Advocacy and Support Services

Caregiver/Family Advocacy and Support Services History

Referral ID
1042

Referred By
Children and Youth Evaluation Service

Referral Date
05/30/2024

CMA Selection Due
02/26/2025

REFERRAL

CMA Selection Available

Referred Agencies

Agency	Response Due	Response Made	Expiration Date	Status
Abbott House	06/06/2024	02/19/2025		ACCEPT

Service Menu

View Referral

HCBS providers, HHCM/C-YES, and MMCPs must verify that they are maintaining PHI protocols when printing and downloading documents with sensitive information pertaining to the participant.

Caregiver/Family Advocacy and Support Services History

Referral: ACTIVE

Refer Date: 1/29/25

Abbott House

Authorizations

Authorization	Status	Status Date	Service Period	Hours	Units	
1621	SUBMITTED	Submitted: 1/30/25	2/3/25 - 8/1/25	52	208	

Referral: 2044

CANCELLED

Refer Date: 1/29/25

Not Selected

Referral: 2072

DISCHARGED

Refer Date: 1/29/25

Abbott House

Discharge: 1/29/25 (insufficient staff for service)

1

2

III. Making a Referral

A. Choosing an HCBS

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

HCBS Service Referral

Child Information

Name Child Name	Sex MALE	Age 9	Service County Washington County
--------------------	-------------	----------	-------------------------------------

Service | Referral | HCBS Agencies | Review and Send

Add an HCBS service to the child's case file.

Add a Service

HCBS Service*

Caregiver/Family Advocacy and Support Services

Please select from the following:

- ☒ Create a new service that requires a referral.
- ☐ Add an existing service that was not previously recorded in the system.

The HHCM/C-YES will choose an HCBS service from the drop-down Menu.

Click the purple **Next: Create Referral** button to move on to the next step in the referral process.

Next: Create Referral →

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

> [Name] [Edit] [Pencil Icon]

CIN: [CIN] DOB: [DOB] County: Orange

HH: THE COLLABORATIVE FOR CHILDREN AND YOUTH CMA: HAND IN HAND DEVELOPMENT INC. MCO: FIDELIS CARE

HCBS Response Needed

Waitlist	Referral	Active
1	0	1

1 responses due by 06/17/2024

B. Entering Service Specific Details

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

HCBS Service Referral

Add a Service

Desired Goals/Needs to Be Addressed*

Describe the goal(s) of the service

Known Barriers and Strategies

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

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 - gender, language, level of training and scheduling - ideal days/times.

Required Staffing and Scheduling

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

Additional Comments

Additional comments about the service and family

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

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


Provide requirements related to the participant's time/schedule for HCBS. For example, include information on whether the family requires HCBS to take place on weekends or a certain day of the week. Provide the family's requirements for HCBS staffing. Include information such as staff gender, staff language, staff training, etc. This box should contain information about staffing/scheduling requirements that must be present in a 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 above.

Provide preferences related to the participants time schedule for HCBS. For example, include information on what other family would like HCBS to take place on weekends or a certain day of the week. Provide the family's preferences for HCBS staffing include information such as staff gender, staff language, staff training, etc. This box should contain information about staffing/scheduling preferences, that the family would like to have, if possible, but if not possible would not necessarily prevent a staffing assignment to occur. If these items are a requirement they should not be listed in this box but instead should be listed in the requirement box below.

After submitting all required information, the HHCM/C-YES can navigate to the tab by selecting NEXT: Search Provider

Next: Search Providers →

Upon clicking the "NEXT: Search Providers" button, a confirmation box will appear. The HHCM/C-YES must verify that all required information is complete in order for the HCBS provider to facilitate the evaluation of the request and assignment of the appropriate staff member.



Confirm that all information necessary for an HCBS provider to evaluate the request and assign an appropriate staff member is provided.

No

Yes

C. Choosing HCBS Agencies

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

ServiceReferralHCBS AgenciesReview and Send

Designated Agencies for Crisis Respite in Washington county.
Select all of the agencies for which you are referring this service.

<input type="checkbox"/>	Agency 11	Additional Designated Services	
<input type="checkbox"/>	Families First in Essex County, Inc.	<ul style="list-style-type: none">Caregiver/Family Advocacy and Support ServicesPlanned Respite	<ul style="list-style-type: none">Prevocational ServicesSupported Employment
<input type="checkbox"/>	Northeast Parent & Child Society, Inc.	<ul style="list-style-type: none">Caregiver/Family Advocacy and Support ServicesPlanned Respite	<ul style="list-style-type: none">Prevocational ServicesSupported Employment
<input type="checkbox"/>	Parsons Child and Family Center	<ul style="list-style-type: none">Planned Respite	

CancelNext: Review and Send →

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

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

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

When the HHCM/C-YES goes to choose an HCBS Agency, they may see some agency names are greyed-out status blocking certain Agencies from selection accompanied by a message reading: "This provider is not accepting referrals in this county." Agencies with this status are not eligible to receive HCBS referrals.

Service	Referral	HCBS Agencies	Review and Send
Designated Agencies for Caregiver/Family Advocacy and Support Services in Rockland county. Select all of the agencies for which you are referring this service.			
<input type="checkbox"/>	Agency	Additional Designated Services	
<input type="checkbox"/>	Community Assistance Resources and Extended Services, Inc. <i>This provider is not accepting referrals in this county.</i>	<ul style="list-style-type: none"> Community Habilitation Crisis Respite Planned Respite 	<ul style="list-style-type: none"> Prevocational Services Supported Employment
<input type="checkbox"/>	Greystone Programs, Inc.	<ul style="list-style-type: none"> Community Habilitation Day Habilitation 	<ul style="list-style-type: none"> Planned Respite Prevocational Services
<input type="checkbox"/>	HASC Center, Inc	<ul style="list-style-type: none"> Community Habilitation Crisis Respite 	<ul style="list-style-type: none"> Planned Respite Prevocational Services
<input type="checkbox"/>	Hamasplik of Kings County <i>This provider is not accepting referrals in this county.</i>	<ul style="list-style-type: none"> Community Habilitation Crisis Respite Day Habilitation 	<ul style="list-style-type: none"> Planned Respite Prevocational Services Supported Employment

D. Review and Submission

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

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

Service	Referral	HCBS Agencies	Review and Send
Review and send the referrals to the selected HCBS Agencies. The agencies will have 3 business days to respond to your request.			
Referral Details <hr/> Desired Goals Goals Known Barriers and Strategies Strategies Family Preferences Preferences Additional Comments None Specified		Selected Agencies <ul style="list-style-type: none"> Families First in Essex County, Inc Northeast Parent & Child Society, Inc. Parsons Child and Family Center 	
		<div> ✕ Cancel Send Referrals </div>	

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

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

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

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

Planned Respite

ACTIVE

Agency

☒

Hand in Hand Family Services Ltd. dba Braverhood Ltd.

☒

Bikur Cholim Inc.

☒

CHEMLU DEVELOPMENTAL DISABILITIES CENTER INC☒☒☐☐☐☐☐☐☐☐☒☒☒☒☒☒☒☒☒

View Documents

IV. HCBS Provider Reviews & Responds to a Referral

A. HCBS Provider Reviews a Referral

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

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

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

CIN: [redacted]

DOB: [redacted]

County: Orange

MCO: FIDELIS CARE

HH: THE COLLABORATIVE FOR CHILDREN AND

CMA: HAND IN HAND DEVELOPMENT INC.

HCBS Response Needed

Waitlist

Referral

Active

1

0

1

1 Days

1 responses due by 06/17/2024

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

The HCBS provider can filter and select records based on their referral status, including “Response Needed” and “Late”.

HCBS: ☒ All Children ☐ Response Needed (1) ☐ Late (1)

Once a referral is made to an HCBS provider, the HCBS provider will be able to view the Child Case Page and referral information.

- HCBS providers have 7 calendar days to respond to a referral
- The HCBS provider is able to change their response until the care manager selects a provider, the referral is closed, or for 15 calendar days after they respond to a referral
- The HCBS provider has up to 15 calendar days to view the participant record
- The HCBS providers may have a limited time to change the response while the referral is open
- The response is made based upon the information provided in the referral and staffing availability

The care manager may modify an open referral, add HCBS providers, or withdraw the referral from HCBS providers as needed until the referral is closed.

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

NOTE: If the HHCM/C-YES has selected an HCBS provider, the referral can no longer be withdrawn. If the service is no longer necessary, the participant should be discharged.
The CM should understand the status of the referral and the actions taken by both the CM and the HCBS provider to navigate the withdrawal and/or discharge process effectively.

B. HCBS Provider Responds to a Referral

To respond to the referral, the HCBS provider clicks View Referral

Crisis Respite

Referral ID
2260

Referred By
HAND IN HAND DEVELOPMENT INC

Referral Date
03/13/2025

REFERRAL

HCBS Response Needed

Referred Agencies

Agency	Response Due	Response Made	Expiration Date	Status
Ahivim, Inc	03/20/2025		04/04/2025	NO RESPONSE

Service Menu

View Referral

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

Referral Response

Caregiver/Family Advocacy and Support Services

Referral

Referral ID

1021

Referral Date

05/24/2024

Referred By

Families First in Essex County, Inc
Aaron Roe

Response

ACCEPT

Response Due

05/31/2024

Request Made

05/24/2024

Response Made

05/24/2024

Child Information

Name

Sex

MALE

Age

9

Service County

Washington County

HCBS Service Request

Desired Goals/Needs to Be Addressed

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec, pellentesque eu, pretium quis, sem.

Known Barriers and Strategies

None Specified

Family Preferences

None Specified

Additional Comments

None Specified

Accept

Waitlist

Decline

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

- Accept** indicates that the HCBS provider is available to provide the designated service(s) to the participant.
- Waitlist** indicates that the HCBS provider is not currently able to provide the designated service(s) to the participant, but they anticipate being able to serve them in the next 90 days.
 - If the provider selects this option, participant will move to the Agency Waitlist.
 - Agency Waitlist** describes a list of participants for whom an HCBS provider indicates they may be able to provide service within 90 days.
- Decline** indicates that the HCBS provider cannot and will not be able to provide the requested service(s).
 - If all Providers decline the participant, the participant will move to the Statewide Waitlist.
 - Statewide Waitlist** is a list of participants where HCBS providers have indicated that they are currently unable to provide services.

If all available agencies have declined the referral request, the care manager should consider discussing the possibility of expanding the list of agencies to send a referral to with the family.

If an in-network provider is not available, the care manager should consider contacting the MMCP to request assistance in locating an in-network provider, if needed.

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

Planned Respite

Referral ID

2283

Referred By

HAND IN HAND DEVELOPMENT INC

Referral Date

03/13/2025

Selection Date

03/13/2025

ACTIVE

Referred Agencies

Agency

Abbott House

Response Due

03/20/2025

Response Made

03/13/2025

Expiration Date

Status

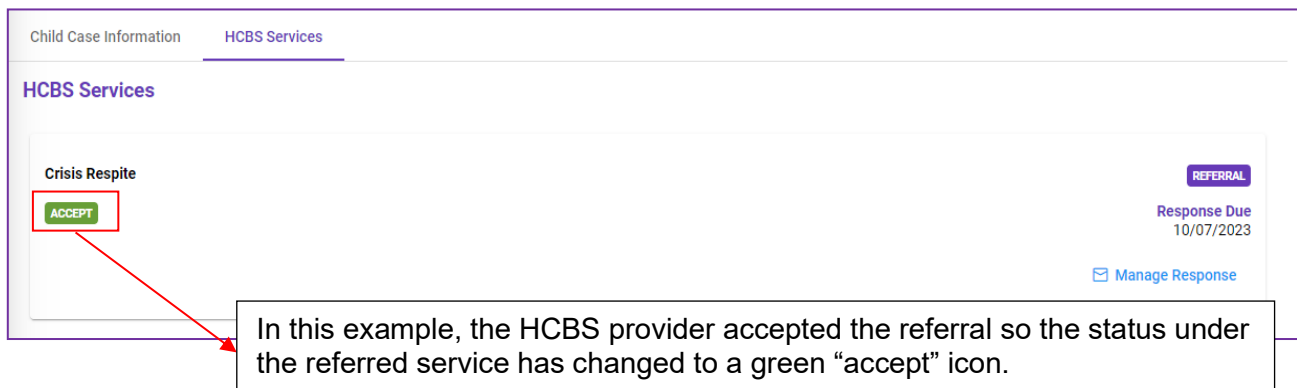
SELECTED

Service Menu

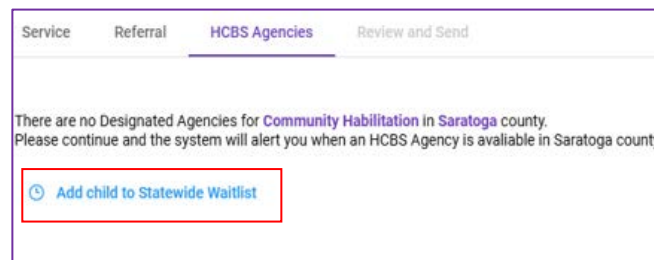
View Referral

Print Referral

Discharge Child



If all HCBS providers decline or do not respond to the referral within the allotted seven (7) days or the 15-day holding period, the participant will be moved to the Statewide Waitlist overnight following the expiration of all remaining open requests. The participant will **not** be removed from the Statewide Waitlist until the care manager selects an HCBS provider or closes the referral. If there are no providers available for the needed service in the needed county, the CM may add the participant to the Statewide Waitlist.



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

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

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

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

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

C. Removing a Participant from the Agency Waitlist

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

To decline, the HCBS provider will select the participant they wish to remove by clicking on **View Referral**.

Community Habilitation

Community Habilitation History

Referral ID
2302

Referred By
HAND IN HAND DEVELOPMENT INC

Referral Date
03/20/2025

AGENCY WAITLIST

Referred Agencies

Agency	Response Due	Response Made	Expiration Date	Status
Abbott House	03/27/2025	03/20/2025	06/18/2025	WAITLIST

Service Menu

View Referral

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

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

Referral Response

Planned Respite

OPEN

Referral

Referral ID 1080	Referral Date 06/03/2024	Referred By CAPTAIN Community Human Services Carissa Horton	Response WAITLIST
Response Due 06/10/2024	Request Made 06/03/2024	Response Made 06/14/2024	Expiration Date 09/12/2024

Child Information

Name [REDACTED]	Sex MALE	Age 9	Service County Washington County
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HCBS Service Request

Desired Goals/Needs to Be Addressed sdaf	Known Barriers and Strategies None Specified
	Family Preferences None Specified
	Additional Comments None Specified

Accept

Waitlist

Decline

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

Confirm Decline

×

Please select a reason for declining the referral for Planned Respite

Select Reason

▼

Send Request

As a result, the participant's status for the service will change to “Decline,” and the participant will have been officially removed from that HCBS provider’s Agency Waitlist.

Community Habilitation

Referral ID: 2302 | Referred By: HAND IN HAND DEVELOPMENT INC | Referral Date: 03/20/2025

STATEWIDE WAITLIST

Agency	Response Due	Response Made	Expiration Date	Status
Abbott House	03/27/2025	03/20/2025	04/04/2025	DECLINE

Service Menu: View Referral

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

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

If an HCBS provider has **waitlisted** a participant then another provider is selected to serve the participant, the participant will remain on the waitlisted agency’s list for 15 days afterwards with “Not Selected” viewable, as shown below.

Planned Respite

WAITLIST agency

NOT SELECTED

⌚ Collaborative for Children and Families dba CCF Community Based Services-CCF CBS

If an HCBS provider has **declined** a participant then another provider is selected to serve the participant, the

Planned Respite

DECLINE agency

NOT SELECTED

⊗ Collaborative for Children and Families dba CCF Community Based Services-CCF CBS

participant will remain on the waitlisted agency’s list for 15 days afterwards with “Not Selected” viewable, as shown below.

V. HHCM/C-YES Views the Referral Response

A. Care Manager Views the HCBS Provider’s Response

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

To help navigate services efficiently, a color-coded toggle system is utilized:

- **BLUE** shows waitlisted referrals
- **PURPLE** shows open referrals
- **GREEN** shows accepted referrals

Caregiver/Family Advocacy and Support Services

REFERRAL

Referral ID: 1021 Referred By: ADIRONDACK HEALTH INSTITUTE INC Referral Date: 05/24/2024 CMA Selection Due: 05/31/2024 OPEN

Actions: View Latest Referral, View Referral History

Referred Agencies

Agency	Response Due	Response Made	Expiration Date	Status
Northeast Parent & Child Society, Inc.	05/31/2024		06/15/2024	DECLINE
St Catherine's Center for Children	05/31/2024		06/15/2024	NO RESPONSE
CAPTAIN Community Human Services	05/31/2024		06/15/2024	WAITLIST
Families First in Essex County, Inc.	05/31/2024	05/24/2024		ACCEPT

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

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

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

HCBS Child Summary

HCBS: ☒ All Children ☐ Response Needed (2) ☐ Due Soon (1)
CMA: ☒ All Children ☐ Selection Needed (1) ☐ Due Soon (1)

CIN, Member Name

Filter Clear

Child Listing Filters

Designated County: Designated County

Managed Care Plan: Managed Care Plan

CMA: CMA

Health Home: Health Home

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

B. Care Manager Selects the Agency

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

Additionally, the CMA will be able to filter by records that require a selection.

Referral Details

CMA: ☒ All Children ☐ Selection Needed (1)

Child Information

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

HCBS Service Referral

Desired Goals/Needs to Be Addressed*
Goals

Known Barriers and Strategies
Strategies

Family Preferences
Preferences

Additional Comments

Families First in Essex County, Inc. <input checked="" type="checkbox"/> Select Agency	ACCEPT	Northeast Parent & Child Society, Inc. NO RESPONSE	Parsons Child and Family Center NO RESPONSE
---	--------	---	--

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

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

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

Planned Respite

ACTIVE

	Agency
<input checked="" type="checkbox"/>	Ahivim, Inc
<input type="checkbox"/>	Abbott House

[View Documents](#)

Following selection of an HCBS provider,

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

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

The screenshot displays the 'HCBS Child Summary' interface. At the top, there are filters for 'HCBS' (All, No Response (2), Late (2)) and 'CMA' (All, No Selection (1), Late (1)). A search bar for 'CIN, Member Name' is present. Below the filters, a pagination bar shows 'Showing 1 to 2 of 2 entries'. Two entries are listed, each with a red alert banner: 'HCBS Response Late', 'Not HCBS Eligible', and 'No K1'. The first entry has a 'Waitlist' of 0, 'Referral' of 1, and 'Active' of 0, with a note '1 responses due by 06/10/2024'. The second entry has a 'Waitlist' of 0, 'Referral' of 1, and 'Active' of 0, with a note '1 selections due by 06/10/2024'. A callout box points to the status alerts, stating: 'The Child Summary Page displays the alerts and current statuses.'

A summary of each referral sent will be available for care managers and HCBS providers – only if they have been selected.

C. Ongoing Monitoring of Service

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

- The HHCM/C-YES/MMCP will update the Plan of Care as needed when there are updates to goals, services, or authorized F/S/D.
- The HHCM/C-YES will maintain regular contact with the participants/family to monitor progress and updates related to HCBS.
- The HHCM/C-YES will schedule interdisciplinary meetings and invite the HCBS provider(s).
- The HHCM/C-YES will make additional referrals for HCBS, withdraw referrals for HCBS, and complete additional HCBS eligibility determinations as needed.

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

VI. Discharge Process

An active service can only be ended by a discharge. A service may be discharged without having an approved authorization if the service was cancelled or satisfied within the initial service period.

HCBS providers or care managers may discharge a participant from a service by following these steps:

Planned Respite Planned Respite History

Referral ID: 2283 Referred By: HAND IN HAND DEVELOPMENT INC Referral Date: 03/13/2025 Selection Date: 03/13/2025 **ACTIVE**

Referred Agencies

Agency	Response Due	Response Made	Expiration Date	Status
Abbott House	03/20/2025	03/13/2025		SELECTED

Service Menu

- [View Referral](#)
- [Print Referral](#)
- [\[- Discharge Child](#)**

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

After clicking **Discharge Child**, the user will be prompted to specify a reason for discharge by selecting from the dropdown menu.

Please specify the reason for the discharge

Child disenrolled from HCBS waiver

- Child disenrolled from HCBS waiver
- Family Choice
- Service completed during initial period
- Service goals accomplished
- Service not appropriate

Some discharge reasons will prompt a care manager to submit a new referral for the discharged service. Discharge reasons include:

Discharge Reason	Service Status
Child disenrolled from HCBS Waiver	Service Complete
Family Choice	Service Complete
Service completed during initial period	Service Complete
Service goals accomplished	Service Complete
Service not appropriate	Service Complete
Family requests another provider	New Referral Required
Gender specific staff not available	New Referral Required
Insufficient expertise for service	New Referral Required
No staff with required language	New Referral Required
Provider requested discharge	New Referral Required
Scheduling conflict	New Referral Required
Service not available	New Referral Required
Staff not available for location	New Referral Required
Authorization Denied	New Referral Required

After selecting the discharge reason, users will confirm the discharge by checking the verification box and pressing the **Discharge** button.

After discharging the participant from the service, users will see that the service status has changed to a gray box reading “Discharged” indicating the service was successfully discharged. An immediate email notification will be sent to the CM.

Confirm Discharge

Discharge Information

Child Name

CIN

DOB

Service

Caregiver/Family Advocacy and Support Services

Please specify the reason for the discharge

Insufficient staff for service

Status : New Referral Required

☐ By checking this box I confirm this discharge.

Cancel

Discharge

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

To finalize a discharge, users must confirm the action by checking the box.

Prevocational Services				Prevocational Services History
Referral ID 2282	Referred By HAND IN HAND DEVELOPMENT INC	Referral Date 03/19/2025	Selection Date 03/21/2025	DISCHARGED
Discharge 03/21/2025 Family Choice				
Referred Agencies				Service Menu
Agency	Response Due	Response Made	Expiration Date	Status
Abbott House	03/20/2025	03/21/2025		SELECTED
				View Referral Print Referral

A. Viewer & Discharge Permissions

- When a participant is discharged from a service,
- The HCBS provider will lose access to the Child Case Page after 15 calendar days but can still see the HCBS Child Summary and original referral within the system.

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

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

The HHCM/C-YES will be alerted via the Daily Digest if one of their participants was discharged from HCBS service(s) on the previous day.

SECTION 3 – HCBS AUTHORIZATION PROCESS

A. Authorization Introduction

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

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

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

The HCBS provider must submit an authorization **at least 14 days prior** to exhausting the initial service period of 60 days/96 units/24 hours or existing service authorization period. Providers should not wait until the initial/existing service amount/period has been exhausted to submit an authorization.

Refer to the following resource for further information: [Utilization Management and Other Requirements for 1915\(c\) Children's Waiver Services](#).

Once the referral has been sent and the HCBS provider is selected to provide the service, the HCBS provider will schedule a first appointment with the participant. During the initial service period, the HCBS provider **must** meet with the participant to confirm the need for the service and determine how the service will be delivered.

When an HCBS provider is serving a member and another identified need for an HCBS is determined by either the CM or HCBS provider, a **multi-disciplinary** team meeting must occur to determine the need, what HCBS, and the provider to refer to. If the HCBS provider currently working with the member is on referral hold at the time, then the member/family must be educated that they can be referred to another provider for that new service. If the member/family would like all their HCBS with the same provider, then the current HCBS provider and CM will work to transition all HCBS to the new HCBS provider once identified.

HCBS providers should not identify new HCBS for the member and dictate the referral from the CM.

Although HCBS providers are not required to submit a request for authorization for services provided during the initial service period, prior to delivering any services, HCBS providers must collect and maintain documentation demonstrating a credible need for those services (i.e., to avoid imminent out-of-home, institutional placements, or to assist the participant to return to their home and community after discharge from an institutional level of care) such as detailed referral information documenting the need for HCBS services. This requires that the HCBS provider independently evaluate a credible need for the service, the goals of the participant, and whether the provider can provide a service that will reach the desired goal; it must also assess

all other paid and natural support services the participant may be receiving to ensure a lack of duplication.

If the member's needs are met during the initial service period and no additional services are required, then an HCBS Authorization Request is not needed and the participant can be discharged, and the service closed.

Authorizations can **only** be created if the participant has an active K-Code, active Medicaid, and an active service. **Active Services** means a referral has been entered in the Referral and Authorization Portal and an HCBS provider has been selected to provide the services. Participants with a pending Fair Hearing with Aid to Continue are eligible for the authorization process.

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

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

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

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

B. [Developing an Authorization](#)

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

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

Name [REDACTED]	CIN [REDACTED]	DOB [REDACTED]	Age 18	Sex MALE	<input checked="" type="checkbox"/> Medicaid Expiration 03/31/2025
<input checked="" type="checkbox"/> HCBS Enrollment Serious Emotional Disturbance K1: 11/01/2020 - 12/31/9999 KK: Not Active	<input checked="" type="checkbox"/> Latest Assessment HCBS Eligible HAND-IN-HAND DEVELOPMENT, INC. Outcome Date: 12/10/2024	Fiscal County Rockland County	HCBS Designated County Columbia County		

Child Case Information
HCBS Services

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
[REDACTED]

Mailing Address
[REDACTED]

Residence County
Rockland

Child Information

Complete

Edit

Residence Address
test
test, NY 00000
Columbia County

Primary Diagnosis
test

Preferred Name
Not Specified

Contact Info
test@test.gmail.com

Languages
English

Pronouns
Not Specified

For Care Team Members, users will find contact details (name, phone, email) of the HHCM/C-YES and other team members. **This field is required for an authorization request to be submitted.** For Family/Guardian Information, users can view details concerning parents/ guardians associated with the participant. This includes names and contact information on who the participant resides with and their respective roles. This also includes the addition of siblings living in the household, along with their status regarding HCBS and Health Home enrollment.

Care Team Members

Add Care Manager

test

Primary

HAND IN HAND DEVELOPMENT INC
Care Management Agency
Care Manager
test@test.com
(718) 000-2020

Last updated on 7/8/2025 3:48 PM

ar

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

Last updated on 7/8/2025 3:48 PM

person name

HAND IN HAND DEVELOPMENT INC
Care Management Agency
Care Manager
cp@doh.com
(111) 222-3333

Last updated on 1/3/2025 2:09 PM

Family / Guardians

Complete

Add Guardian

Add Sibling

Test Guardian (Mother)

Primary

Blueberry lane
Brooklyn, NY 11218
Lives with Child

(000) 505-5050

There are no Siblings listed.

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

Planned Respite

Planned Respite History

Referral ID
2283

Referred By
HAND IN HAND DEVELOPMENT INC

Referral Date
03/13/2025

Selection Date
03/13/2025

ACTIVE

Referred Agencies

Agency	Response Due	Response Made	Expiration Date	Status
Abbott House	03/20/2025	03/13/2025		SELECTED

Service Menu

View Referral

Print Referral

Create Authorization

Discharge Child

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

If the participant has multiple active services with one HCBS provider, the HCBS provider will submit authorization information for each service separately. Authorizations can only be built off existing, accepted referrals for active services.

The **F/S/D (Frequency, Scope, Duration)** tab is the first tab of the authorization. On this and all tabs the user can hover over the title of the tab for a brief explanation on the purpose of the tab.

Name

Sex
FEMALE

Create frequency, scope, and duration

F/S/D

Goals

Provider

Review

Approval ⓘ

Attachments

Here, the HCBS provider will enter the First Date of Service, Authorization Begin Date, and Authorization End Date by using the calendar drop-down in each section. **All three fields are required.** The Authorization Period **cannot exceed 6 months**. For reauthorizations, the HCBS provider will need to update the start and end date for the authorization.

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

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

HCBS Service Authorization

Child Information

Name [REDACTED] Sex MALE Age 18 Service County Orange County HCBS Service Planned Respite

F/S/D Goals Provider Review Approval Attachments

Authorized Service Period

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

October 2024

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

Begin Authorization

Cancel Next: Goals & Objectives →

HCBS Service Authorization

Child Information

Name [REDACTED] Sex MALE Age 18 Service County Orange County HCBS Service Planned Respite

F/S/D Goals Provider Review Approval Attachments

Authorized Service Period

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

October 2024

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

Begin Authorization

Cancel Next: Goals & Objectives →

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

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

HCBS Service Authorization

Child Information

Name: [REDACTED] Sex: MALE Age: 18 Service County: Orange County HCBS Service: Planned Respite

F/S/D Goals Provider Review Approval Attachments

Authorized Service Period

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

Begin Authorization

October 2024

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

Cancel Next: Goals & Objectives →

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

Authorization Dates

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

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

Begin Authorization

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

For reauthorizations, the HCBS provider may or may not need to update the F/S/D. Providers should enter justification explaining any changes from the previous authorization request and why the service is still needed. A detailed update on the status of each service goal or objective is listed in the reauthorization request. This update should include an overview of the progress made to date for each objective, as well as details on any ongoing efforts currently in place. If an objective has been met, indicate whether the goal will be closed or if there are additional objectives related to that goal that will continue.

HCBS Service Authorization

F/S/D Goals Provider Review Approval Attachments

Authorized Service Period

First Date of Service 1/17/25	Authorization Begin Date 1/31/25	Authorization End Date 7/25/25	Edit Service Period
---	--	--	----------------------------

Justification for Authorization

Provide rationale (service necessity) for the proposed frequency, scope, and duration.*
 For re-authorizations, outline why there is a continued need for service. What has been accomplished so far and what is still needed? Identify any obstacles or barriers that have impacted the participant's ability to accomplish their established goals/objectives.

Save Cancel

Proposed Frequency and Scope

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

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

Frequency/Scope

Scope*
How long is each session?

1 Hours

Frequency*
How often are the sessions?

2 Hours
Minutes

Modality*
How many people are in each session?

Individual Group

Unit Type*
How are units defined?

15 Minute

Save Cancel

Frequency/Scope

Scope*
How long is each session?

1 Hours

Frequency*
How often are the sessions?

2 Every Week
Every 2 Weeks
Every 3 Weeks
Every Month

Modality*
How many people are in each session?

Individual Group

Unit Type*
How are units defined?

15 Minute

Save Cancel

Frequency/Scope

Scope*
How long is each session?

Hours

Frequency*
How often are the sessions?

Every Week

Modality*
How many people are in each session?

Individual Group

Unit Type*
How are units defined?

15 Minute

Save Cancel

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

Authorizations are specific to the service level for CFASS. When both levels are utilized, each level must

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

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

Planned Respite	Community Habilitation
<div><div>Frequency/Scope</div><div><div>Scope*</div><div>How long is each session?</div><div><div>1</div><div>Hours</div></div></div><div><div>Frequency*</div><div>How often are the sessions?</div><div><div>1</div><div>Every Week</div></div></div><div><div>Modality*</div><div>How many people are in each session?</div><div><div>Individual</div><div>Group</div></div></div><div><div>Unit Type*</div><div>How are units defined?</div><div><div>15 Minute</div><div>15 Minute</div><div>Per Diem</div></div></div></div>	<div><div>Frequency/Scope</div><div><div>Scope*</div><div>How long is each session?</div><div><div>1</div><div>Hours</div></div></div><div><div>Frequency*</div><div>How often are the sessions?</div><div><div>1</div><div>Every Week</div></div></div><div><div>Modality*</div><div>How many people are in each session?</div><div><div>Individual</div><div>Group</div></div></div><div><div>Unit Type*</div><div>How are units defined?</div><div>15 Minute</div></div><div><div>Save</div><div>Cancel</div></div></div>

Providers should enter all applicable F/S/D for each service. If, for example, Individual Respite is provided once a week and Group Respite is provided once a month, each should be entered separately on the authorization.

Individual Respite

Frequency/Scope

Scope*

How long is each session?

1Hours

Frequency*

How often are the sessions?

1Every Week

Modality*

How many people are in each session?

Individual

Group

Unit Type*

How are units defined?

15 Minute

15 Minute

Per Diem

Group Respite

Frequency/Scope

Scope*

How long is each session?

1Hours

Frequency*

How often are the sessions?

1Every Month

Modality*

How many people are in each session?

Individual

Group

Unit Type*

How are units defined?

15 Minute

Save

Cancel

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

Authorization Services

Total Visits: 6

Total Hours: 6

Total Units: 24

Prevocational Services (T2015)

Prevocational Services

Scope	Frequency	Modality	Unit Type	Visits	Hours	Units
1 Hours	2 Every Week	Individual	15 Minute	6	6	24
Total Authorization for T2015				6	6	24

+ Add Scope/Frequency

The system will calculate the units according to the selected time period, frequency, scope, and unit type. Providers should be aware that their internal calculations may not align with the system, as the system calculates one (1) month as four (4) weeks.

After submitting all required information, the HCBS provider can navigate to the next tab by selecting **NEXT: Goals & Objectives**.

Cancel

Next: Goals & Objectives →

On the **Goals** tab, the HCBS provider can click **Add Goal** and use the drop-down menus to establish the status of each goal. **Each service must have at least one goal. Each goal must be accompanied by at least one objective.**

Goals must be: Specific, Measurable, Attainable, Relevant, and Time bound (SMART). The goals must be specific to the service definition and what is allowable for the service. Goals should have a projected timeframe for completion. Objectives must be specific in how the service will be provided. There may need to be multiple objectives to accomplish one goal, and each objective may have different timeframes based on the specific activities or tasks that will be provided.

Child Information

Name

Sex

Age

Service County

HCBS Service

MALE

18

Orange County

Community Habilitation

F/S/D

Goals

Provider

Review

Approval

Attachments

Goals and Objectives

Add Goal

Add Objective

Goal

1

Not Met

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

HCBS Service Authorization

Submit

Approve

Final

Aaron Roe

Aaron Roe

Aaron Roe

09/20/2024

09/20/2024

09/20/2024

Child Information

Name

Sex

Age

Service County

HCBS Service

MALE

18

Orange County

Prevocational Services

Referral

F/S/D

Goals

Provider

Review

Attachments

Goals and Objectives

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

Add Goal

Add Objective

Test Goals

1

Partially Met

Not Met

Partially Met

Complete

No Longer Applicable

The **Partially Met** status indicates that some progress has been made towards the goal, but it has not been fully achieved. The participant may have shown improvement or accomplished some aspects of the goal

through several objectives, but further work is needed.
The **Complete** status indicates that the goal has been fully achieved. The participant has successfully met the objectives set out in their service plan for this particular goal.

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

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

Once entered into an authorization, goals and objectives will auto-populate into any future authorizations (reauthorizations) that are generated within the Referral and Authorization Portal. Providers will use the Status drop down to show a history of the participant's progression through services. The Provider must provide clear justification for the changes in status of the goals across authorizations.

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

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

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HCBS Service Authorization

F/S/D

Goals

Provider

Review

Approval

Attachments

Site Location

Site Location*

Select Site Location

HCBS Agency Contacts

Test Staff

HCBS Coordinator

Primary

Abbott House

Children's Service Provider

HCBS Agency Contact

test.staff@test.com

(111) 222-3333

Last updated on 10/4/2024 10:49 AM

Add HCBS Contact

HCBS Service Providers

Add HCBS Provider

There are no providers assigned to this child.

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

HCBS Agency Contacts

Add HCBS Contact

There are no care team members assigned to this child.

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

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

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

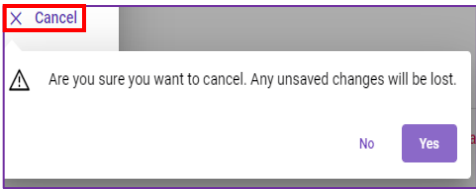
a. Deleting an Authorization

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

b. Canceling an Authorization

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

A finalized authorization cannot be deleted.



C. Submitting an Authorization

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

Site Location

Abbott House
100 Commerce Drive, New Windsor, NY, 12553

HCBS Agency Contacts

- na

HCBS Service Providers

- Test staff

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

☒ By checking this box, I confirm that I will submit the authorization request to the managed care plan for review and approval.

Cancel

Submit

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

The HCS ID of the user who submitted the authorization will be displayed in the Portal and on the downloadable PDF.

HCBS Service Authorization

Authorization

Authorization ID
1181

Agency
Ahivim, Inc

Status
SUBMITTED

Submission
Aaron Roe (AROE)
11/08/2024

Approval
N/A

As the HCBS provider attested to before submitting, authorizations for MMCP enrolled participants are required to be sent by the HCBS provider to the MMCP **outside of the Portal** through a secure method agreed upon by the HCBS provider and MMCP.

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

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

Once a document is submitted, the system will create a snapshot and save for download. If the document is edited, the original submission will be overwritten with the new upload. **Once the authorization is finalized, no further edits will be allowed to any attachments.**

HCBS Service Authorization

Authorization

Authorization ID

1022

Agency

Abbott House

Status

DRAFT

Submission

N/A

Approval

N/A

Child Information

Name

Sex

MALE

Age

18

Service County

Orange County

HCBS Service

Community Habilitation

F/S/D

Goals

Provider

Review

Attachments

Upload Document

Attachments

There are no attachments

Close

Once the HCBS provider submits the authorization, they can navigate to the Child Case Page, under the HCBS Services tab, within the specific service, and can select **View Authorization**. This will direct the user back to view the authorization they submitted. Here, if the authorization is in **Draft** status, users can make edits to the authorization that was started until it’s submitted. Once submitted, only Attachments can be edited. Once the authorization is finalized, no information or attachments associated with the authorization can be edited.

Referral ID

Referred By

HAND IN HAND DEVELOPMENT INC

Referral Date

05/06/2025

Selection Date

05/12/2025

ACTIVE

Latest Authorization

Auth ID

HCBS Agency

Abbott House

Submit Date

7/10/25

SUBMITTED

Authorized Services

Service Period

4/12/25 - 7/12/25

Hours

13

Units

52

H2014

13 Hours
52 Units

View Authorization

Print Authorization

Service Menu

View Referral

Print Referral

Discharge Child

Users will see a Submitted Status along with a tag indicating that the authorization is awaiting approval. Users

can review the submitted information in each tab of the authorization. Once the provider receives a response to the authorization request, they can move to the **Approval** tab to review/finalize the authorization.

HCBS Service Authorization

Authorization

Authorization ID
1060

Submission
Carissa Horton
10/17/2024

Agency
Abbott House

Approval
N/A

Status
SUBMITTED

Child Information

Name
[REDACTED]

Sex
FEMALE

Age
15

Service County
New York County

HCBS Service
Caregiver/Family Advocacy and Support Services

F/S/D

Goals

Provider

Review

Approval ⓘ

Attachments

Authorized Service Period

First Date of Service
Oct 31, 2024

Authorization Begin Date
Nov 8, 2024

Authorization End Date
Apr 17, 2025

Justification for Authorization

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

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

D. Medicaid Managed Care Plan (MMCP) Responses

Currently, MMCPs only have a view-only role in the Referral and Authorization Portal. All authorizations generated within the Referral and Authorization Portal will need to be downloaded by the HCBS provider and submitted to the MMCP outside of the Portal, through a secure mechanism agreed upon by the MMCP and HCBS provider.

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

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

HCBS Service Authorization

Authorization

Authorization ID
1060

Submission
Carissa Horton
10/08/2024

Agency
Abbott House

Approval
N/A

Finalization
N/A

Status
SUBMITTED

Child Information

Name
[REDACTED]

Sex
MALE

Age
18

Service County
Orange County

HCBS Service
Planned Respite

F/S/D

Goals

Provider

Review

Approval ⓘ

Attachments

Authorization

The HCBS provider will **not** have access to the **Approval** tab until they have clicked the **Submit** button on the **Review** tab of the authorization.
On the **Approval** tab, the HCBS provider will need to indicate the authorization determination they received from the MMCP. The HCBS provider will indicate whether the authorization request was Fully Approved, Partially Approved, or Denied. The HCBS provider will need to input the total approved units/hours for each

procedure code requested. If necessary, the HCBS provider will adjust the F/S/D of services to match the MMCP's approval in the text box provided on the Approval tab.

The HCBS provider will upload a copy of the Authorization Determination that they received from the MMCP through the Upload Managed Care Authorization button on the Approval tab. Note: voicemails/voice recordings are not allowable upload types.

Upload Managed Care Authorization

Managed Care Authorization

File Name	File Date
TEST PARTIALLY APPROVED .docx	10/17/2024 02:29PM

Close

Finalize

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

HCBS Service Authorization

Fully Approved

Partially Approved

Denied

Authorization Dates

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

Frequency and Scope

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

Upload Approval Documents

Close

Finalize

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

HCBS Service Authorization

☐ Fully Approved
 ☒ **Partially Approved**
☐ Denied

Authorized Service Period

Authorization Begin Date*
 Authorization End Date*

Authorized Frequency and Scope

Procedure Code	Approved Hours	Approved Units	Submitted Hours	Submitted Units
Total	0	0	25	100
H2014	<input type="text"/>	<input type="text"/>	25	100

Proposed Updates to Frequency and Scope

Please describe how the partial approval may impact your frequency and scope.

[Upload Managed Care Authorization](#)

Managed Care Authorization

Please upload proof of authorization or denial from the managed care organization.

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

HCBS Service Authorization

Authorization

Authorization ID 1001	Agency Abbott House	Status PARTIALLY APPROVED
Submission Aaron Roe 10/14/2024	Approval Aaron Roe 10/14/2024	

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

☐ Fully Approved
☐ Partially Approved
☒ Denied

Authorized Service Period

Authorization Begin Date

11/8/24

Authorization End Date

4/17/25

Authorized Frequency and Scope

Procedure Code	Approved Hours	Approved Units	Submitted Hours	Submitted Units
Total	0	0	46	184
H2014	0	0	23	92
H2015	0	0	23	92

Upload Managed Care Authorization

Managed Care Authorization

File Name	File Date
TEST DENIAL REASONS.docx	10/17/2024 02:19PM

Close

Finalize

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

Supported Employment

Supported Employment History

Referral ID

2262

Referred By

HAND IN HAND DEVELOPMENT INC

Referral Date

03/13/2025

Selection Date

03/21/2025

ACTIVE

Latest Authorization

Auth ID	HCBS Agency	Submit Date	Approval Date
1762	Abbott House	3/21/25	3/21/25

Authorized Services

Service Period	Hours	Units	H2023
3/30/25 - 9/29/25	0	0	0 Hours 0 Units

View Authorization

Print Authorization

Service Menu

View Referral

Print Referral

Create Authorization

Discharge Child

DENIED

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

HCBS Service Authorization

☐ Fully Approved
 ☐ Partially Approved
 ☒ Denied

Authorized Service Period

Authorization Begin Date: 11/8/24
 Authorization End Date: 4/17/25

Authorized Frequency and Scope

Procedure Code	Approved Hours	Approved Units	Submitted Hours	Submitted Units
Total	0	0	46	184
H2014	0	0	23	92
H2015	0	0	23	92

[Upload Managed Care Authorization](#)

Managed Care Authorization

File Name	File Date
TEST DENIAL REASONS.docx	10/17/2024 02:19PM

[Close](#)
[Finalize](#)

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

E. Fee-for-Service (FFS) Responses

For FFS participants, the Department will enter the Referral and Authorization Portal and issue a determination on the authorization request submitted to the Referral and Authorization Portal by the HCBS provider.

Please reference [Children's Waiver Home and Community Based Services \(HCBS\) Authorization Policy for Fee-for-Service \(FFS\) Participants \(CW0019\)](#) for further information and guidance on FFS authorizations.

The Department will determine the authorization request on the **Approval tab** and determine if the request is approved, partially approved, or denied. The Department will also provide a written explanation justifying the authorization determination within the **Approval tab**.

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

Authorization Type

☐ Fully Approved
 ☒ Partially Approved
 ☐ Denied

Authorized Service Period

Authorization Begin Date*: 12/17/2024
 Authorization End Date*: 06/17/2025

Authorized Frequency and Scope

Procedure Code	Approved Hours	Approved Units	Submitted Hours	Submitted Units
Total	0	0	65	260
H2014			26	104
H2015			39	156

Approver Response

[Close](#)
[Finalize](#)

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

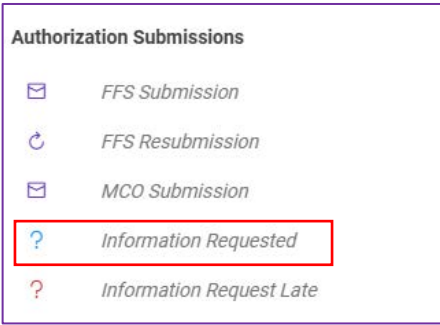
After receiving notification of the finalized authorization determination, the HCBS provider will re-enter the Portal to review the determination. If the authorization is fully approved or denied, the care manager will be notified by the Portal. The HCBS provider is not required to contact the care manager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

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

The Department may decide that the authorization is missing information or detail and may choose to reach out to the HCBS provider with a request for additional information. The Department reviewer will enter a short justification about missing information and what needs to be entered for a decision to be made. The authorization will be sent back to the provider with a “Request Info” status and the provider will be notified via email that the authorization is missing information and has been returned to draft status. The HCBS provider should **respond** to this request within **2 business days**. If the HCBS provider does not respond within 2 business days, the authorization request may be denied.

When providers are fulfilling a request for more information, they will be unable to edit the first date of service, or the authorization start and end date but the other fields, including F/S/D, will be editable. Attachments can be added and removed at this time. The HCBS provider will need to submit the authorization back to the Department for their review following the process outlined below.

The provider will see the notification for “Information Requested” in the menu bar.



When HCBS providers go to view their services, they can now see if the Department has requested additional information as it will appear with the specific HCBS authorization request. When additional information is requested the status changes from “Submitted” to “Request Information”. The provider can click **View Authorization** to see more details.

Referred Agencies

Agency	Response Due	Response Made	Expiration Date	Status
Abbott House	03/20/2025		04/04/2025	NO RESPONSE

Service Menu

View Referral

Referral ID

Referred By

Referral Date

Selection Date

ACTIVE

Latest Authorization

Auth ID

HCBS Agency

Submit Date

REQUEST INFO

Authorized Services

Service Period	Hours	Units	H2014
3/10/25 - 3/31/25	3	12	3 Hours 12 Units

Additional Information Requested

test

View Authorization

Service Menu

View Referral

Print Referral

Discharge Child

The provider will be able to read the included justification provided by the Department explaining what information is missing from the authorization. Providers can add or edit the F/S/D, Goals, and Provider tabs as needed. Note that while you can change other information during resubmission, you cannot modify the authorization dates.

HCBS Service Authorization

F/S/D

Goals

Provider

Review

Info Requested

Attachments

Authorized Service Period

First Date of Service	Authorization Begin Date	Authorization End Date
2/20/25	2/25/25	3/6/25

Justification for Authorization

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

New Justification

Edit Justification

Proposed Frequency and Scope

Total Visits: 1 Total Hours: 3 Total Units: 12

Caregiver/Family Advocacy and Support Services (H2014)

Caregiver/Family Advocacy and Support Services Level 1

Scope	Frequency	Modality	Unit Type	Visits	Hours	Units
3 Hours	1 Every 2 Weeks	Individual	15 Minute	1	3	12
Total Authorization for H2014				1	3	12

Provide additional detail as requested, such as providing more detail in the justification for services (F/S/D tab), elaborating on goals and objectives (Goals tab), or uploading supporting documents (Attachments tab).

F/S/D

Goals

Provider

Review

Info Requested

Attachments

Additional Information Requested

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec, pellentesque eu, pretium quis, sem. Nulla consequat massa quis enim. Donec pede justo, fringilla vel, aliquet nec, vulputate eget, arcu. In enim justo, rhoncus ut, imperdiet a, venenatis vitae, justo. Nullam dictum felis eu pede mollis pretium. Integer tincidunt. Cras dapibus. Vivamus elementum semper nisi. Aenean vulputate eleifend tellus. Aenean leo ligula, porttitor eu, consequat vitae, eleifend ac, enim. Aliquam lorem ante, dapibus in, viverra quis, feugiat a, tellus.

Phasellus viverra nulla ut metus varius laoreet. Quisque rutrum. Aenean imperdiet. Etiam ultricies nisi vel augue. Curabitur ullamcorper ultricies nisi. Nam eget dui. Etiam rhoncus. Maecenas tempus, tellus eget condimentum rhoncus, sem quam semper libero, sit amet adipiscing sem neque sed ipsum. Nam quam nunc, blandit vel, luctus pulvinar, hendrerit id, lorem. Maecenas nec odio et ante tincidunt tempus. Donec vitae sapien ut libero venenatis faucibus. Nullam quis ante. Etiam sit amet orci eget eros faucibus tincidunt. Duis leo. Sed fringilla mauris sit amet nibh. Donec sodales sagittis magna. Sed consequat, leo eget bibendum sodales, augue velit cursus nunc,

Requested By

Aaron Roe

Department of Health

12/12/2024 03:37PM

Close

To finalize the submission, navigate back to the Review tab, review all the information carefully, and click on Attestations to submit.

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

☒ By checking this box, I confirm that I will submit the authorization request to the managed care plan for review and approval.

Cancel

Submit

Once the HCBS provider uploads the additional information requested the Status turns back to “Submitted”. When additional information is provided and the submission is resubmitted, the tab will disappear and revert back to "Submitted" status. A tag at the top of the page will show the authorization request’s status as a “Resubmission.”

Referral ID

2241

Referred By

HAND IN HAND DEVELOPMENT INC

Referral Date

03/07/2025

Selection Date

03/07/2025

ACTIVE

Auth Expiring Soon

FFS Approval Required

Resubmission

Latest Authorization

Auth ID

1720

HCBS Agency

Abbott House

Submit Date

3/7/25

SUBMITTED

Authorized Services

Service Period

3/10/25 - 3/31/25

Hours

3

Units

12

H2014

3 Hours

12 Units

View Authorization

Print Authorization

Service Menu

View Referral

Print Referral

Discharge Child

July 2025

Page 59 of 69

F. Ending Authorizations

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

Care managers can disenroll participants from the Children's Waiver. When this is done, the care manager will also need to discharge the participants from all the services they are receiving in IRAMS. HCBS providers can discharge participants from a particular service at any time. Once a service is discharged, no further service provision by the previously assigned HCBS provider can take place, even if the authorization remains active.

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

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

SECTION 4 – SYSTEM NOTIFICATIONS

A. Daily Digest Emails

HCBS providers and HHCM/C-YES with the Manage Child Referrals role will receive a Daily Digest email, which will contain information on whether referrals are ready to be viewed, if responses to referrals are available, if participants on the Agency Waitlist have expired, and counts showing if a participant was discharged from service. as seen below. HCBS providers and HHCM/C-YES will all receive similar information on their Daily Digest email.

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

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

New York State: Incident Reporting and Management System

HCBS Referral: Daily Digest

Below is the HCBS Referral Summary for **Abbott House** on **02/20/2025**

CMA Selections

Ready

[View Child](#) Due: 02/26/2025

[View Child](#) Due: 02/26/2025

[View Child](#) Due: 02/26/2025

Authorizations Expiring Soon

[View Child](#) Expiring: 03/06/2025

Expired Authorizations

[View Child](#) Expired: 01/31/2025

[View Child](#) Expired: 10/31/2024

Yesterday's Discharges

Yesterday's
Discharges 2

Waitlisted Children

Agency Waitlist 1

Statewide Waitlist 3

- HHCM/C-YES will receive a Daily Digest email which will contain:
 - CMA selections available, due within 3 days, or late
 - HCBS responses due within 3 days, expiring in 3 days, or late
 - Waitlists expiring within 10 days
 - Counts of Statewide Waitlist
 - Counts of newly discharged participants
- Alerts on Participant Records within the system will include:
 - Late action
 - Action due soon
 - Expiring record

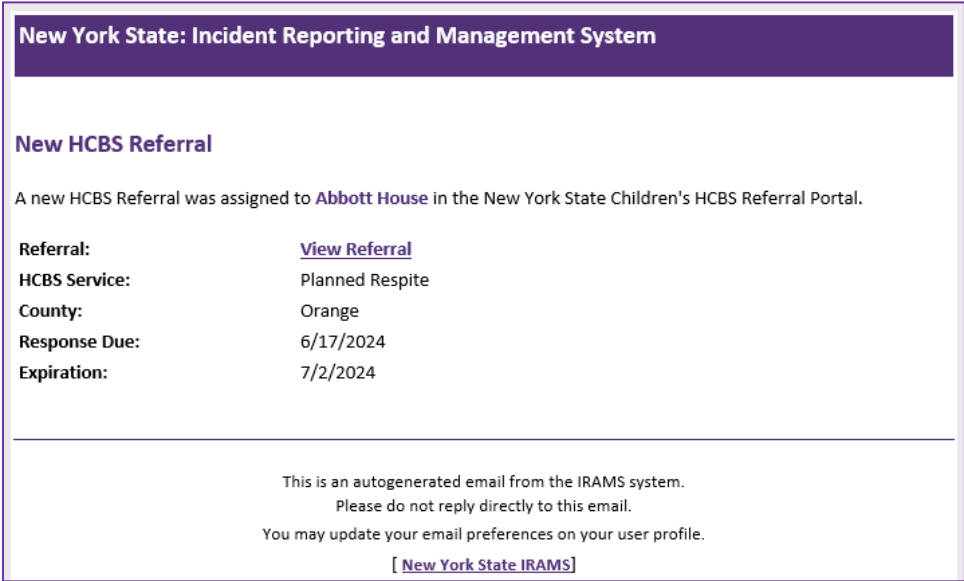
This is an autogenerated email from the IRAMS system.

Please do not reply directly to this email.

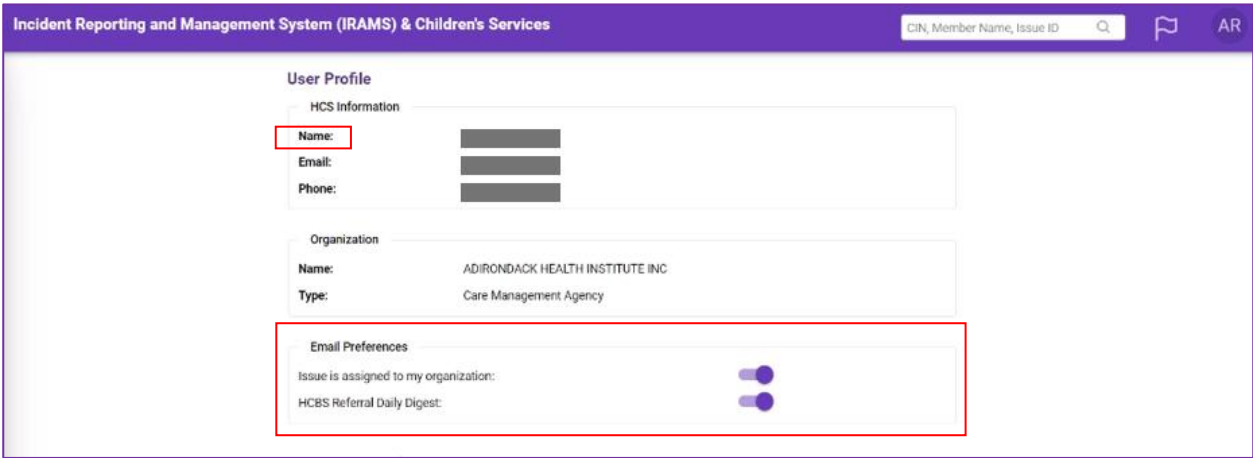
You may update your email preferences on your user profile.

[[New York State IRAMS](#)]

Other email notifications for HCBS providers include alerts for new referrals, as seen here:



Users will be able to turn their Daily Digest emails off by adjusting the toggle buttons on the User Profile page as shown in the image below:



B. Information Requests

For FFS authorizations, if the Department reviewer requests that the HCBS provider adds more information to the authorization request, the HCBS provider will receive the following email:

New York State: Incident Reporting and Management System

HCBS Authorization Request For Information

The reviewer has requested additional information about an authorization request for **Abbott House** in the New York State Children's HCBS Referral and Authorization Portal.

Please visit the IRAMS site and respond to the request within **2 business days**. If a response is not received, your request may be denied.











Authorization:	View Authorization
HCBS Service:	Community Habilitation
Request Date:	02/27/2025











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

[[New York State IRAMS](#)]

C. Menu Alerts

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

Children's Services			<
HCBS Child Listing			
	HCBS Children	11	
HCBS Services			
	Active Services	1	
	Open Referrals	3	
	Waitlist	1	
	Recent Discharge	1	
Authorization Submissions			
	FFS Submission		
	FFS Resubmission		
	MCO Submission		
	Information Requested		
	Information Request Late		

HCBS Service Issues		1
	HCBS Eligibility	
	No Authorization	
	Expired Authorization	
	Auth Expiring Soon	1
HCBS Referral Responses		
	Reponse Needed	
	Reponse Due Soon	
	Reponse Late	
CMA Referral Selections		3
	Selection Needed	3
	Selection Due Soon	
	Selection Late	3

Alert	Definitions
No Authorization	If 30 calendar days or more have passed since the HCBS provider has been selected by the care manager to provide the service, an alert will appear here. This is a reminder that the active service does not yet have authorization in the system
Information Requested	The Department has requested additional information on an authorization request; the HCBS provider is required to make any necessary changes and upload additional requested information
Information Requested Late	Applies to FFS participants where additional information has been requested but not provided within 2 days of the request
Expired Authorization	If an authorization that was generated within the Portal has expired, and a new authorization has not yet been finalized, an alert will appear here. This is a reminder that the service cannot continue until a new authorization is obtained. In some instances, this might mean that a participant is ready for discharge and a new authorization is not needed
Authorization Expiring Soon	If an active service with an authorization will expire within 21 calendar days, an alert will appear here. This is a reminder to submit a re-authorization, if appropriate or plan for discharge
FFS Approval	If there are service authorizations for FFS participants submitted to the Department and awaiting a determination, an alert will appear here
FFS Resubmission	If there are service authorizations for FFS participants resubmitted to the Department after a request for more information and awaiting a determination, this alert will be shown
MCO Approval	If there are service authorizations for MMCP participants in a “submit” status, awaiting a determination from the MMCP outside of the Portal, an alert will appear here, for the MMCP determination to be entered
Response Needed	Action is required from the HCBS provider regarding a referral. This indicates that a response is needed to accept, decline, or waitlist the referral
Response Due Soon	The due date for an HCBS provider to respond to a referral request is approaching
Response Late	The HCBS provider has not provided a response to the referral within the 7-day timeframe
Selection Needed	The HHCM/C-YES needs to select an HCBS provider from those who have accepted the referral
Selection Due Soon	The deadline for the HHCM/C-YES to select an HCBS provider is approaching
Selection Late	The HHCM/C-YES has not selected an HCBS provider within the required 7-day timeframe after the provider has accepted the referral
Recent Discharge	Participants with an HCBS service discharge within the past 7 days

Appendix

A. Technical Assistance

I. Health Commerce System (HCS)

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

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

How to create an HCS Account:

July 2025

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

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

II. IRAMS

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

III. Provider Support

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

B. Referral Definitions & Statuses


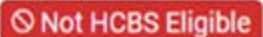
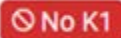
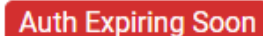




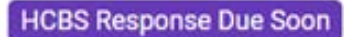
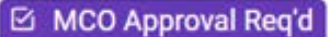
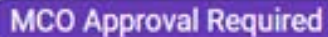
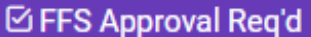
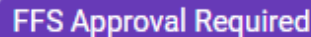

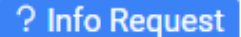
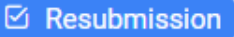
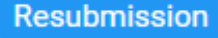


Definitions of Relevant Terms






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

Referral and Authorization Portal Statuses

Type	Status	Description	Creating Org
HCBS Service	REFERRAL	The service is in the referral process	CM
	ACTIVE	A provider was selected from a referral	CM
	AGENCY WAITLIST	No HCBS provider accepted a referral, and at least one provider responded with Agency Waitlist	System
	STATEWIDE WAITLIST	All HCBS provider responses to the referral were declined or there are no designated providers in the county	System
	DISCHARGED	An HCBS provider or CM discharged the participant from the service	Agency/CM
Referral	OPEN	There is an active referral where the participant is waiting for: <ol style="list-style-type: none"> 1. An HCBS provider to respond to the referral, 2. The CM to select a provider, or 3. The participant is on a Statewide or Agency Waitlist 	CM
	CLOSED	An HCBS provider was selected, or the CM closed the referral with a selected reason	CM
Referral Responses	NO RESPONSE	The HCBS provider(s) has not responded to the referral	System
	WITHDRAWN	The CM withdrew the referral from a provider(s)	CM
	ACCEPT	The HCBS provider(s) accepted the referral	HCBS
	WAITLIST	The HCBS provider(s) added the participant to their Agency Waitlist	HCBS
	DECLINE	The HCBS provider(s) declined the referral	HCBS
	SELECTED	The HCBS provider accepted the referral, and the CM selected the HCBS provider	System
Authorization	DRAFT	The authorization has been started by has not been submitted or finalized. Edits can be made to all sections of the authorization. A draft authorization can be permanently deleted.	HCBS
	SUBMITTED	The authorization has been submitted, no further updates can be made to the F/S/D, Goals, or Provider tab of the authorization, once submitted. Attachments may be added to the authorization in this status. For MMCPs, the HCBS provider will send the authorization request in submitted status outside of the Portal. For FFS, the Department will review the authorization request within the Portal once in submitted status. A submitted authorization can be permanently deleted if no longer needed.	HCBS
	FINALIZED	<p>A determination on the authorization has been made and recorded in the Portal. The authorization is complete and no further edits to any tabs of the authorization can be made. Depending on the authorization determination, a finalized authorization will appear as one of the following status:</p> <p>Approved – All requested hours/units contained within the submitted authorization request have been authorized.</p> <p>Partially Approved – Some, but not all of the requested service hours/units contained within the submitted authorization request have been authorized. The HCBS provider will adjust the dates and/or hours/units to match the approved F/S/D.</p> <p>Denied – The submitted authorization has been denied.</p> <p>The authorization cannot be deleted once finalized.</p>	HCBS

Referral and Authorization Portal Icons

Alert Icon	Alert Title	Alert Meaning
	CMA Selection Late	The care manager is late to select an HCBS provider to serve a referral
	Not HCBS Eligible	A participant is not eligible for HCBS
	No K1	A participant does not have a K1 code
	Authorization Expiring Soon	The authorization is nearing its expiration date
	Enrollment Issue	Issues or complications that may arise during the registration process for HCBS include pending documentation, incomplete applications, eligibility verification requirements, and delays in level of care determinations
	Expired Authorization	When the previously approved period for receiving specific HCBS has ended, requiring renewal or re-assessment to continue services
	No Authorization	If 30 calendar days or more has passed since the HCBS provider has been selected by the CM to provide the service; this is a reminder that the active service does not yet have an authorization in the system.
	Recent Discharge	If a participant has been discharged from an HCBS in the past 7 (seven) days
	HCBS Response Due Soon	The due date for an HCBS provider to respond to a referral request is approaching
 	MCO Approval Required	Approval from the Managed Care Organization (MCO) is necessary
 	FFS Approval Required	Approval from the Department is necessary for FFS participants
 	Request Information	The Department has requested additional information on an authorization request; the HCBS provider is required to make any necessary changes and upload additional requested information
 	Resubmission	Indicates that an authorization has been resubmitted following a request for additional information
	Documents Available	Supporting documentation is available to view
	Edit	Information in the indicated location can be added to or edited

	Not Eligible	The participant does not meet the necessary criteria for the specified item and is not eligible for HCBS referral and/or authorization
	Eligible	The participant meets the required criteria for the specified item
	Download File	File is available for download
	Remove File/Information	File/information is available to remove
	Print	Print/download a referral or authorization

C. HCBS Authorization to Unit Conversion Chart.

The below chart outlines how the system calculates Total Requested Hours/Units, based on the entered F/S/D:

Description	Calculation Made by System	Example	How it works
Total Days	End date – Start Date	1/1/2025-06/30/2025= 181 days	Total Days of the authorization period
Total Weeks	Convert days to weeks.	181/7= 25.8 → 26 (Rounded to 26 weeks)	Weeks = Ceiling [(End date – Start Date) / 7] (Round up using ceiling)
Intervals	Determine Interval Fit	Scope= Every 2 weeks 26/2 = 13 intervals	Scope fit into the number of weeks (Scope = every 2 weeks) Weeks / Scope (in weeks)
Total Visits	Calculate visits (Multiply by frequency per interval)	4 visits every 2 weeks: 4 x 13 = 52 visits	Frequency x # of Intervals (Use next whole number if it is a decimal value)
Total Hours	Calculate Total Hours (Convert visits to total hours)	30- minute sessions: 52 x 0.5 = 26 hours	Visits x Session duration (in hours)
Total Units	Convert to Units (Convert hours to units)	1 unit = 15 minutes → (26 x 60) / 15= 104 units	Number of Hours / Unit length (15 minutes) (Units = Hours x 60 / Unit Length)