IRAMS: Referral and Authorization Portal, Staff Compliance, and Critical Incident New Features and Updates

June 13, 2025
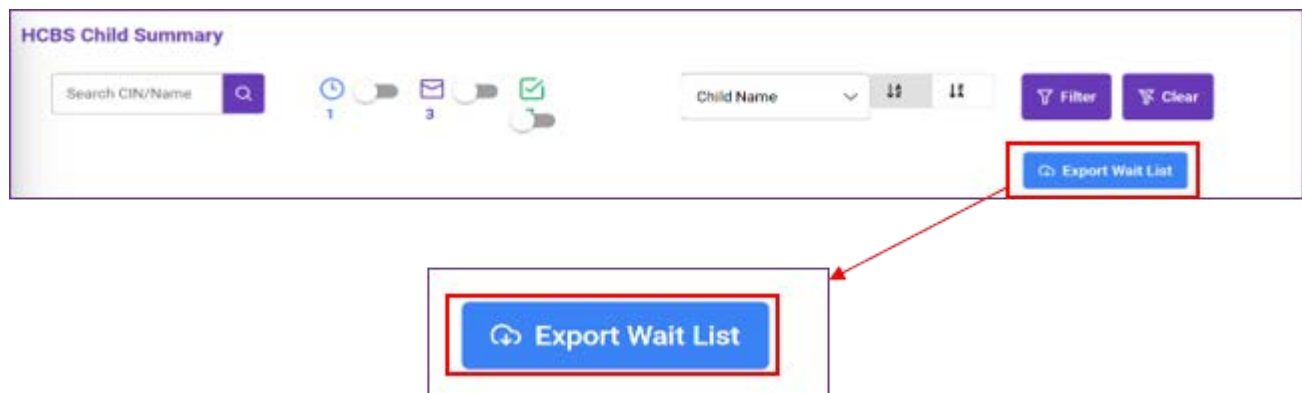
TO: Children's Home and Community Based Service (HCBS) Providers, Health Homes Serving Children, Children's Care Management Agencies (CMAs), Children and Youth Evaluation Services (C-YES), and Medicaid Managed Care Plans including and Mainstream Managed Care and HIV/SNP

The New York State Department of Health (the Department) is thrilled to announce the launch of new system features and updates to the HCBS Referral and Authorization Portal within the Incident Reporting and Management System (IRAMS), many of the updates are from stakeholder feedback. The following enhancements, designed to improve user experience and streamline processes, will be **live** as of **May 15, 2025.**

HCBS Referral and Authorization Portal New Features and Updates

NEW: Reports

- **Data Extract:** Users can now take advantage of the new feature allowing them to export their waitlist data directly from the Child List Page. The exported waitlist file offers the ability to filter the data according to specific criteria. Users can click on "Export Waitlist," and the export will automatically start to download. This feature is available to HHs, CMAs, HCBS Providers, and MMCPs to view participant information relevant to their organization.

- Once a user opens the downloaded file, they will find the items below to review for each participant:

  - **MEMBER'S CIN**
  - **PARTICIPANTS NAME**
  - **HEALTH HOME NAME & ID**
  - **CMA NAME & ID**
  - **PLAN NAME & ID**
  - **AGENCY NAME**
  - **VFCA NAME**
  - **REQUESTED COUNTY**
  - **SERVICE**
  - **REFERRAL STATUS**
  - **REFERRAL DATE**

  - **WAITLIST DAYS**
  - **WAITLIST REASON**
  - **WAITLIST EXPIRATION**
  - **WAITLISTED SERVICES**
  - **EXPIRATION STATUS**
  - **REFERRAL ELIGIBLE: K1 STATUS, HCBS ELIGIBLE, MEDICAID ELIGIBLE**
  - **AGENCY DESIGNATION**
  - **ACTIVE SERVICES**

Referral Improvements

- **Staffing/Scheduling Preferences and Requirements:** The HCBS Service Referral now clearly distinguishes the participant's/family's Staffing and Scheduling **Preferences** from Staffing and Scheduling **Requirements.** These boxes should be used by HHCM/C-YES to provide all information to assist HCBS Providers assign staff members appropriately.

  - HHCMs/C-YES will use the **Staffing and Scheduling Preference** box to indicate what the participant/family <u>would like to have</u> in an HCBS staffing assignment/scheduling. This box will be used to indicate traits, such as staff gender, staff language, staff training, or staff availability that are preferred by the participant/family. Use of this box indicates that if the indicated traits/availability are not present, the family would still be open to considering other staff assignment.

  - HHCMs/C-YES will use the **Staffing and Scheduling Requirements** box to indicate what the participant/family <u>must have</u> in an HCBS staffing assignment/scheduling. This box will be used to indicate traits such as staff gender, staff language, staff training, and staff availability that are non-negotiable for the family. Use of this box indicates that the entered traits/availability must be present in order for the family to consider an HCBS staff assignment.

    - HHCM/C-YES must educate the family regarding the difference and that Requirements that cannot be met may delay assignment of an HCBS provider

Preferred Staffing and Scheduling

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

Required Staffing and Scheduling

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

- **Child Schedule:** The box titles in the Child Schedule section of the Child Case Page have been updated to more accurately indicate what information should be provided in different areas of the page. Updated titles include:

  o **School/Education:** this field is used to capture information about the participants school and educational programming. Typical days and hours of operation should be included in this box.

  o **Regular appointments, Activities/Extracurriculars, Daycare, and Other Programs:** this field is used to detail the participant's ongoing appointments, such as counseling, and physical therapy, along with extracurricular activities like sports or clubs. HHCMs/C-YES should also include any other services the child regularly receives, such as CFTSS, PDN, ABA, or daycare, before/after school care, and remember to provide the days and times.

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.)

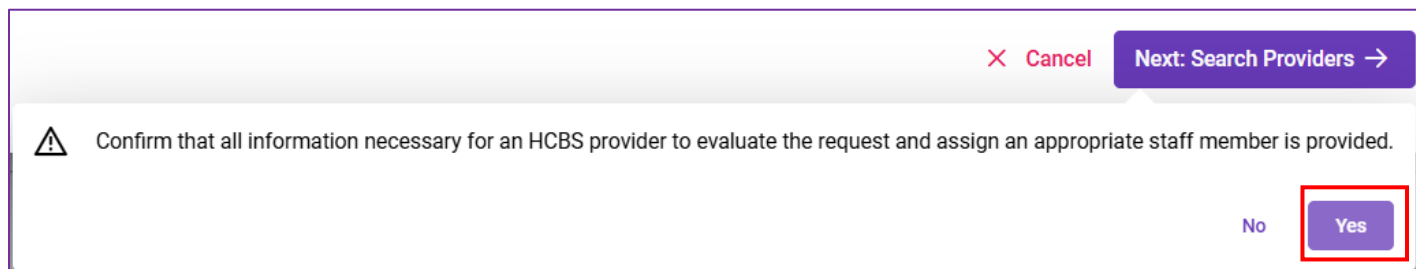**Does the child attend school or other educational/vocational program?***

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.
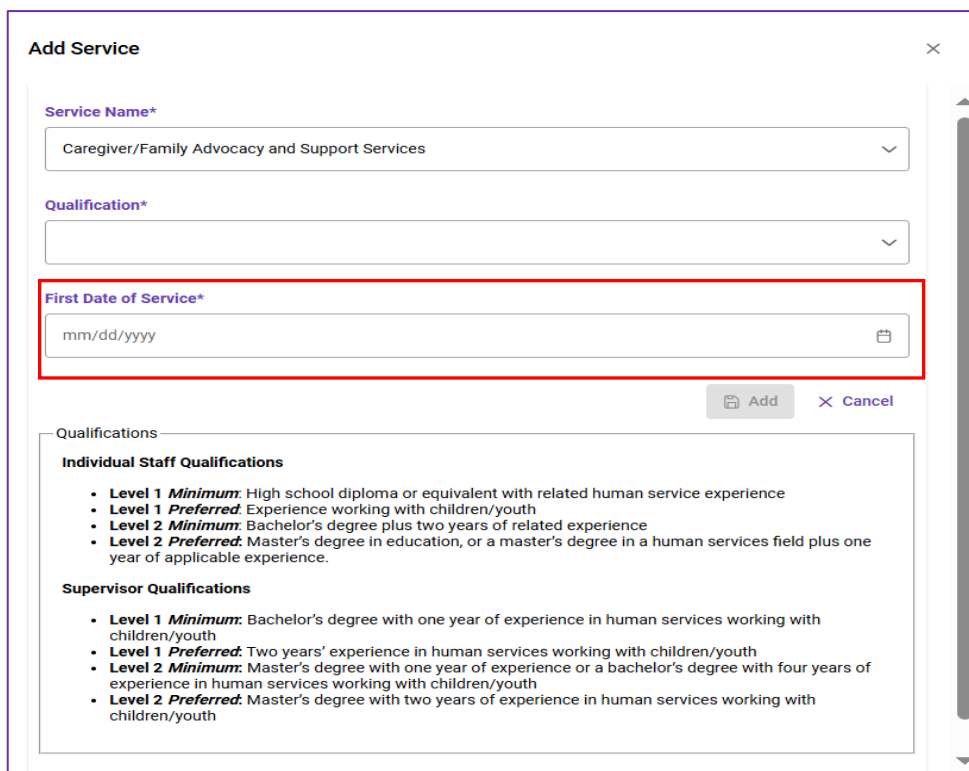
- **Confirmation Box:** While generating a Referral, before users can search for Providers to include in the Referral, the system now requires HHCMs/C-YES to confirm that they have verified all necessary information for an HCBS provider to evaluate the request and assign an appropriate staff member.

Staff Compliance: New Features and Updates

- **First Date of Service:** Design updates have been made to how agencies document the "First Date of Service" for HCBS that their personnel have either delivered or supervised. After entering clearance checks and training information, users will be able to enter service start and end date information, as shown below:

- **Staff Compliance Attestations:** Beginning at the end of the 2025-2026 Waiver Year, agencies will now be required to verify that information related to staff qualifications, training, and background checks for any staff who provided services or supervised youth or left the agency during the Waiver Year has been entered into IRAMS Staff Compliance portal, notifying the Department that information can be pulled to report to the Centers for Medicare and Medicaid Services (CMS). Verification is completed by utilizing the following Attestation feature: **Attestations are not due until June 1, 2026**.

  Each year moving forward, Staff Compliance updates will need to be completed by June 1. Human Resource and Personnel staff should be entering new/updated information regarding staff qualifications, training, background checks, new hires, and individuals that leave their agency within 30 days of the occurrence.

By clicking this button, I confirm that HAND IN HAND DEVELOPMENT INC has entered and confirmed all required agency staff employment status has been updated, all staff training, background check information, and compliance details for Waiver Year **04/01/2024 - 03/31/2025** based on the Compliance Due Date given by the Department of Health.

Attest

Staff Compliance

HAND IN HAND DEVELOPMENT INC
Care Management Agency

👥 Add Staff Member

By clicking this button, I confirm that HAND IN HAND DEVELOPMENT INC has entered and confirmed all required agency staff employment status has been updated, all staff training, background check information, and compliance details for Waiver Year **04/01/2024 - 03/31/2025** based on the Compliance Due Date given by the Department of Health.

Attest

Search staff ▽ | ▽ | 👥 ⬤ ⚠️ ◯

Export Staff List

Showing 1 to 4 of 4 « ‹ 1 › » 20 ⌄

AR | **Aaron Roe**
01/03/2024 - Present
Full-Time Employee

Clearance Checks	Trainings	Services
3/3 ☑	0/8 ⚠️	0 ⓘ

ST | **Short Time**
11/01/2023 - 03/06/2024
Full-Time Employee

Clearance Checks	Trainings	Services
0/3	3/8	0

The attestation feature should not be used to attest to staff compliance information for the 2024-2025 Waiver Year. **Agencies will not be required to complete a Staff Compliance Attestation in IRAMS until June 1, 2026.** Additional detail about this feature/process will be shared in an upcoming webinar.

Critical Incidents: New Features and Updates

- **Incidents:** When submitting a Critical Incident, users now have the option to select a specific description labeled "Death Unexplained." This new category allows users to categorize concerns more effectively, particularly in cases where the circumstances surrounding a death are unclear or require further investigation.

  Note, the "Death" Incident type description has been updated to remove reference to unexplained deaths. Any time a death is unexplained, it should be reported under the "Death Unexplained" Incident Type.

Death - Unexplained	The death of a member resulting from unknown/unexplained cause or cause that is not immediately known or determined at the time of reporting.	Select

Issue Descriptions ✕

Incidents   Complaints

Incident Type	Description	Select
Crime Level 1	is perceived to be a significant danger to the community or poses a significant concern to the community.	Select
Death	The death of a member resulting from a known cause such as an apparent homicide, suicide, or accidental cause or the death of a member which is related to the natural course of illness or disease.	Select
Death - Unexplained	The death of a member resulting from unknown/unexplained cause or cause that is not immediately known or determined at the time of reporting.	Select
Exploitation	Taking advantage of a member for personal gain through the use of manipulation, intimidation, threats, or coercion.	Select
Missing Person	When a member 18 or older is considered missing AND the disappearance is possibly not voluntary or a Law Enforcement Agency has issued a Missing Person Entry, OR when a child/youth's (under the age of 18) whereabouts are unknown to the child/youth's parent, guardian or legally authorized representative.	Select
Restrictive Intervention - Restraint	According to the CMS Final Rule 42 CFR Part 482 (Federal Register/Vol 71, No. 236, pg. 71427): a. A restraint is any manual method, physical or mechanical devise, material, or equipment that immobilizes or reduces the ability of a member to move his or her arms, legs, body, or head freely; or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. A restraint does not include devises, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).	Select

- **Action Taken vs Health and Safety Action:** It is a requirement of the Children's Waiver and policy, to ensure that the HCBS providers and care managers respond to a critical incident and documented such action. As well as ensure that Health and Safety of the participant was addressed such as development or update of a safety planning, plan of care, services, plans, services, etc.

  Actions Taken
  - Users now can utilize the new **Actions Taken** drop-down menu options to identify the agency's action(s) taken as a result of the Critical Incident. By utilizing these options, users can break down specific actions and decisions made to report and address the incident.

  First Action Date:
  - Users need to identify the first action and date after learning or being notified about the Critical Incident.

  Explain/more Information:
  - User can utilize this box to write a summary regarding the action taken regarding the Critical Incident.

Actions

Actions Taken to Report and Address the Incident

First Action Date *

| Select Action(s) | ⌄ |

Select Action Date 📅

on(s) were taken and the results of such action(s): *

- ☐ Mandated Reporter
- ☐ Report to Authorities Concern
- ☐ Follow-up with Authorities / Obtain Information/Outcome
- ☐ Documentation of incident/complaints
- ☐ Review and Updated Plan of Care
- ☐ Notification to care team members, and/or member, family
- ☐ Referral to Another Service(s)
- ☐ Update Service(s) Already in Place
- ☐ Follow-up with Provider(s) / Collaterals
- ☐ Conduct a team meeting (IDT)
- ☐ Other- See Action Summary

- **Health and Safety Action**

  Action Taken
  - Users must now specifically identify how they addressed Health and Safety of the participant due to a critical incident. Users will use the drop-down feature to select actions taken in relation to Health and Safety when reporting a Critical Incident. This enhancement is designed to improve the accuracy and detail of reporting, enabling users to easily categorize their actions and ensure that all relevant information is captured effectively.

  - Health and Safety Actions are a performance measure within the Children's Waiver and reported to CMS.

  Explain/more Information:
  - User can utilize this box to write a summary regarding the specific Health and Safety actions taken and implemented.

Health And Safety
Select the action(s) taken to address health and safety of the member

Select Action(s) ⌄

- ☐ Report to Authorities Concern
- ☐ Follow-up with Authorities / Obtain Outcome
- ☐ Referral to Another Service(s)
- ☐ Update Service(s) Already in Place
- ☐ Safety plan development or update
- ☐ Follow-up with Provider(s) / Collaterals
- ☐ Change in living situation, guardian, housing, etc.
- ☐ Conduct a team meeting (IDT)
- ☐ Immediate service connection (crisis, respite, hospitalization)
- ☐ Other- See Action Summary

on(s) were taken and the results of such action(s):

These updates will be included in the next iteration of IRAMS User Guides. Questions on these updates can be sent to BH.Transition@health.ny.gov.