

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

Updated September 2026

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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 Care Manager (HHCM)/Qualified Individual Identified by the State (QIIS) has established eligibility for the participant and discussed the necessary services with the participant and family, the HHCM/QIIS 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/care coordinators (HHCM and QIIS) 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/QIIS 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/QIIS 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/QIIS will complete the Freedom of Choice form with the participant/family/caregiver.

The HHCM/QIIS 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. Refer to the [Children's HCBS Service Definition and Necessity Criteria Policy](#) for additional information about each HCBS.

The HHCM/QIIS 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/QIIS 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/QIIS 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 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 the HH/QIIS.
- Items that are not prepopulated but are applicable to the participant must be filled out by a HHCM/QIIS. 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		Primary Diagnosis test		Preferred Name Not Specified	
Contact Info test@test@gmail.com		Languages English		Pronouns Not Specified	

Under the “Care Team Members” section, users will find contact details (name, phone, email) of the HHCM/QIIS, 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

Test

Care Manager

Primary

HAND IN HAND DEVELOPMENT INC

Care Management Agency

Care Manager

test@gmail.com

(808) 200-2000

Last updated on 8/18/2025 10:25 AM

Care Manager

CM

HAND IN HAND DEVELOPMENT INC

Care Management Agency

Care Manager

CM@gmail.com

(960) 600-6000

Set Primary Contact

Last updated on 8/18/2025 10:25 AM

Add Care Manager

Family / Guardians

Complete

Roe (Father)

Primary

16 Shelbourne Drive

Clifton Park, NY 12065

Lives with Child

roe.aaron@gmail.com

(518) 221-6307

How many siblings residing in the same home as the child receive the following services:

HCBS Services

0

Health Home

0

Add Guardian

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

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

Voluntary Foster Care Agency (VFCA)

Not in Foster Care

Current Facility

Not in a facility

Latest Admission

Not Specified

Edit

A. Filters

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

The image shows two panels of a web application interface. The left panel, titled 'HCBS Program', contains three dropdown menus: 'Designated County', 'Service Type', and 'Service Status'. Below these are three toggle switches: 'Referral Eligible Only' (off), 'Document Only' (off), and 'Recent HCBS Activity Only' (on). A 'Filter' button is highlighted with a red box in the top right corner of the left panel. The right panel, titled 'Service Status', shows a dropdown menu set to 'REFERRAL' and three toggle switches: 'Referral Eligible Only' (on), 'Document Only' (off), and 'Recent HCBS Activity Only' (on).

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.
- **Assessment Organization:** identifies the entity that has completed the participant's most recent HCBS eligibility determination. This feature is only used by State staff.
- **Date Range:** Displays only records that fall within the selected "from" and "to" dates allowing users to narrow the list to a specific period of interest.

HCBS Program

Designated County

Service Type

Service Status

☐ Referral Eligible Only

☐ Document Only

☒ Recent HCBS Activity Only

Organizations

Managed Care Plan

CMA

Health Home

HCBS Agency

Assessment Organization

Date Range

From to

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**

☐ **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 List Page, users can find two key features: Export Waitlist and Export Members. Users can export their waitlist data by selecting “Export Waitlist” and their Member level data by selecting “Export Members”. Both exported files will include detailed information about participants. Users will have the ability to filter the data according to specific criteria. When users click on “Export Waitlist” or “Export Members” the export will automatically start to download. Once a user opens the file, they will find the items below to review for each participant (click on links for extract to see accompanying definition document):

Member Level (Member Extract Definition Document)	Waitlist(Waitlist Extract Definition Document)
• Child ID • Member CIN • First Name • Last Name • DOB • County • Health Home ID • Health Home Name • CMA ID • CMA Name • Plan ID • Plan Name • Referral Eligible • K1 Status • K1 Expiration Date • LOC Outcome • LOC Expiration Date • Medicaid Eligible • Medicaid Expiration Date • Active Services • Waitlisted Services • Discharged Services	• Member CIN • First Name • Last Name • Health Home ID • Health Home Name • CMA ID • CMA Name • Plan ID • Plan Name • Agency Name • VFCA Name • Requested County • Service • Referral Status • Referral Date • Latest Referral Date • Total Waitlist Days • Waitlist Reason • Waitlist Effective Change Date • Waitlist Expiration Date • Service Currently Active • Agency Request Date • Agency Waitlist Days • Agency Request Expiration • Agency Expiration Status • Referral Eligible • K1 Status • HCBS Eligible • Medicaid Eligible • Agency Designation • Active Services • Waitlisted Services

Please note: Waitlist button will only appear if you currently have waitlisted participants.

B. Participant Information

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

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

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

Once the HHCM/QIIS 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/QIIS 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/QIIS 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/QIIS 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/QIIS will need to select the correct county by clicking ‘Edit County’.

Name

CIN

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/QIIS 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/QIIS contact information must be added to this section of the Child Case page. The HHCM/QIIS 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/QIIS 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

⚠ Atleast 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	

Edit Staff Details

+ Add New

Close Editing Staff window

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

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**.

Edit Staff Details

+ Add New

Close Editing Staff window

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

Users will need to confirm their intent to delete the 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	

Please confirm the removal of this staff member

No

Yes

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

Edit Staff Details

+ Add New

Close Editing Staff window

Staff Name	Email	Phone
John Doe	john.doe@cm.org	(555) 555-1212

Are you sure you want to close. Any unsaved changes will be lost.

No

Yes

The user can now return to the Care Team Member page where the field will auto generate with the staff members already in the system. Users can select the staff associated with the participants then click **Save**.

Care Team Members

Edit Staff

Care Team Members Information

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

Select Care Manager

John Doe

john.doe@cm.org

(555) 555-1212

Cancel

Save

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

Care Team Members

Add Staff

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

If a participant is transferred to a new Care Management Agency or a new care coordination entity, their new HHCM/QIIS 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 schedule information 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/QIIS or HCBS Provider, once selected, can update the participant’s schedule and activity information by pressing the “Update” button.

Schedule and Activity Information

Complete

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.

Edit

The HHCM/QIIS or HCBS provider, once selected, can update the participant’s schedule and activity information by pressing the “Edit” button

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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/QIIS 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.

✕ Cancel
Save

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

To add or update information on Siblings residing in the same household as the child who is receiving services, users may provide that information without providing Protected Health information (PHI)

Family / Guardians

Complete

Add Guardian

test (Mother)

Primary

123 Test Ave
Middletown, NY
10940
Lives with Child

test@gmail.com
(555) 555-5555

Test (Father)

123 test Ave
Middletown, NY
10940
Lives with Child

test@gmail.com
(555) 555-5555

How many siblings residing in the same home as the child receive the following services:

HCBS Services

Health Home

HHCM/QIIS can select the up/down arrows to select the number of siblings residing in the same household who are receiving HCB services and/or Health Home Care Management.

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.

The screenshot shows a form titled "Foster Care / Facility" with two main sections: "Foster Care" and "Facility".

Foster Care Section:

- A toggle switch labeled "Is the child in foster care:" is turned on.
- A dropdown menu for "Voluntary Foster Care Agency (VFCA)*" is set to "Astor Services for Children and Families".
- Text input fields for "Name of Saratoga County LDSS Representative*" (containing "Mary Jones") and "Email of Saratoga County LDSS Representative*" (containing "mary.jones@saratoga.gov") are present.
- A text input field for "Name of Medical Consenter*" (containing "Bob Smith") is present.

Facility Section:

- A toggle switch labeled "Is the child currently in a facility:" is turned on.
- Radio buttons for "Current Facility*" are set to "Hospital".
- Text input fields for "Latest Facility Admission" (containing "09/11/2023") and "Expected Discharge" (containing "09/30/2023") are present.

At the bottom right, there is a "Save" button with a document icon and a "Cancel" button.

HHCM/QIIS should indicate if the participant is currently in a facility by using the sliding bar/toggle function. HHCM/QIIS 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/QIIS 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/QIIS 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/QIIS 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/QIIS logs in.

Since the HHCM/QIIS 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				Service Menu - View Referral Print Referral - Discharge Child
Auth ID 2060	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				

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 **SERVICE HISTORY** to see discharge information.

Caregiver/Family Advocacy and Support Services Service History Referred By: CHDFS INC HCBS Agency: Abbott House Referral Date: 07/14/2025 ACTIVE Latest Authorization <table border="1"> <tr> <td>Auth ID: 38681</td> <td>HCBS Agency: Abbott House</td> <td>Submit Date: 2/5/26</td> <td>Approval Date: 2/11/26</td> <td>PARTIALLY APPROVED</td> </tr> <tr> <td>Service Period: 2/20/26 - 8/20/26</td> <td>Hours: 122</td> <td>Units: 441</td> <td>H2014: 67 Hours 302 Units</td> <td>H2015: 55 Hours 139 Units</td> </tr> </table>	Auth ID: 38681	HCBS Agency: Abbott House	Submit Date: 2/5/26	Approval Date: 2/11/26	PARTIALLY APPROVED	Service Period: 2/20/26 - 8/20/26	Hours: 122	Units: 441	H2014: 67 Hours 302 Units	H2015: 55 Hours 139 Units
Auth ID: 38681	HCBS Agency: Abbott House	Submit Date: 2/5/26	Approval Date: 2/11/26	PARTIALLY APPROVED						
Service Period: 2/20/26 - 8/20/26	Hours: 122	Units: 441	H2014: 67 Hours 302 Units	H2015: 55 Hours 139 Units						

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 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/QIIS, 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: **CANCELLED** Refer Date: 1/29/25

Not Selected

Referral: **DISCHARGED** Refer Date: 1/28/25

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/QIIS 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/QIIS 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/QIIS 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.

> [Redacted] [Pencil Icon]

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

HH: THE COLLABORATIVE FOR CHILDREN AND 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/QIIS **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

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 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. Additional Comments Additional comments about the service and family
---	--

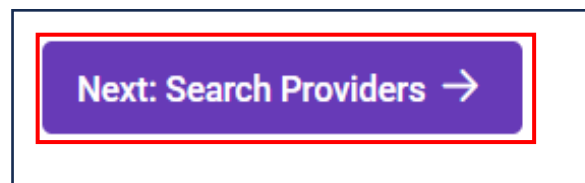
Describe any known barriers for the goals and strategies being used to address them

HHCM/QIIS 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/QIIS can navigate to the tab by selecting NEXT: Search Provider



Upon clicking the "NEXT: Search Providers" button, a confirmation box will appear. The HHCM/QIIS 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.



Has all information necessary for an HCBS provider to evaluate the request and assign an appropriate staff member been provided?

No

Yes

C. Choosing HCBS Agencies

The HHCM/QIIS 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.

☐	Agency	Additional Designated Services
☐	Families First in Essex County, Inc	- Caregiver/Family Advocacy and Support Services - Planned Respite - Prevocational Services - Supported Employment
☐	Northeast Parent & Child Society, Inc.	- Caregiver/Family Advocacy and Support Services - Planned Respite - Prevocational Services - Supported Employment
☐	Parsons Child and Family Center	Planned Respite

× Cancel

Next: Review and Send →

The HHCM/QIIS 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/QIIS in section B: Entering Service Specific Details.

Once the HHCM/QIIS has selected the desired HCBS Agencies, the HHCM/QIIS 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/QIIS goes to choose an HCBS Agency, they may see some agency names are greyed-out 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 and are not able to be selected.

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.			
☐	Agency 1↓		Additional Designated Services
☐	Community Assistance Resources and Extended Services, Inc. <i>This provider is not accepting referrals in this county.</i>	- Community Habilitation - Crisis Respite - Planned Respite	- Prevocational Services - Supported Employment
☐	Greystone Programs, Inc.	- Community Habilitation - Day Habilitation	- Planned Respite - Prevocational Services
☐	HASC Center, Inc	- Community Habilitation - Crisis Respite	- Planned Respite - Prevocational Services
☐	Hamasplik of Kings County <i>This provider is not accepting referrals in this county.</i>	- Community Habilitation - Crisis Respite - Day Habilitation	- Planned Respite - Prevocational Services - Supported Employment

D. Review and Submission

The HHCM/QIIS 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/QIIS should not change information that would impact service delivery without contacting the accepting provider.

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 Desired Goals Goals Known Barriers and Strategies Strategies Family Preferences Preferences Additional Comments None Specified		Selected Agencies - Families First in Essex County, Inc. - Northeast Parent & Child Society, Inc. - Parsons Child and Family Center	
		X Cancel Send Referrals ↗	

The HHCM/QIIS 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/QIIS can click on one of the tabs above to go back and fix the error.

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

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

An HHCM/QIIS should only send referrals to HCBS agencies that the family has agreed to. The HHCM/QIIS 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/QIIS 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:

HH: THE COLLABORATIVE FOR CHILDREN AND

DOB:

CMA: HAND IN HAND DEVELOPMENT INC

County: Orange

MCO: FIDELIS CARE

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/QIIS 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
[REDACTED]

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

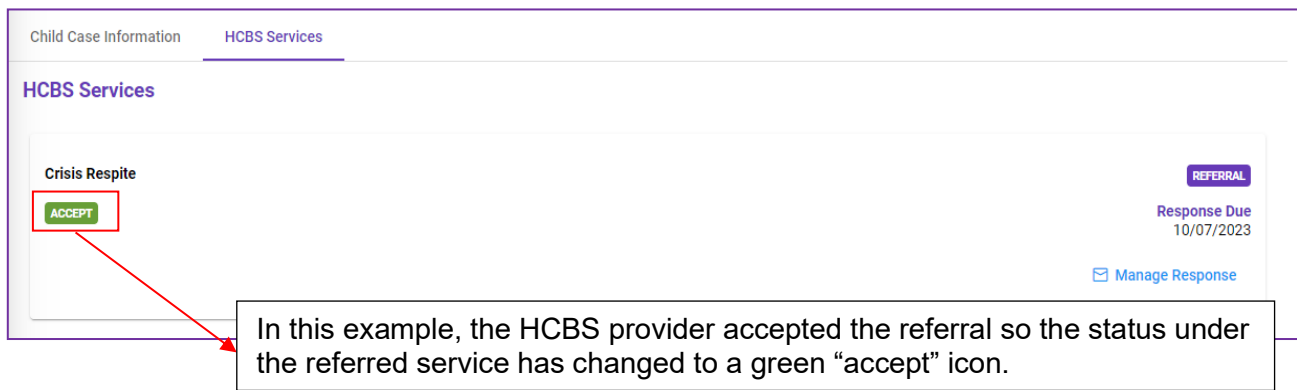
Agency	Response Due	Response Made	Expiration Date	Status
Abbott House	03/20/2025	03/13/2025		SELECTED

Service Menu

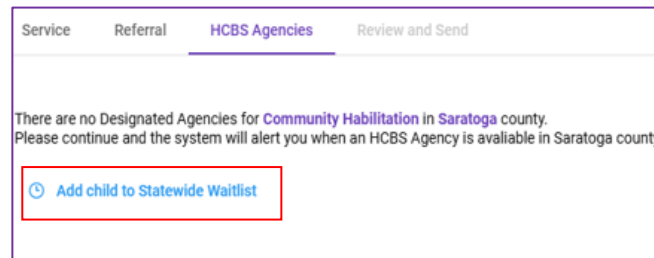
View Referral

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

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

Community Habilitation History

Referral ID
2302

Referred By
HAND IN HAND DEVELOPMENT INC

Referral Date
03/20/2025

STATEWIDE WAITLIST

Referred Agencies

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/QIIS 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

NOT SELECTED

WAITLIST agency

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

Planned Respite

NOT SELECTED

DECLINE agency

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

V. HHCM/QIIS Views the Referral Response

A. Care Manager Views the HCBS Provider’s Response

Once HCBS providers have responded to the referrals, the HHCM/QIIS 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/QIIS 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
- **RED** shows declined referrals

Caregiver/Family Advocacy and Support Services

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

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

Actions: View Latest Referral, View Referral History

Here, the HHCM/QIIS can see the individual responses of the HCBS providers to the referral.

The HHCM/QIIS 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/QIIS 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	Age	Service County	HCBS Service
	MALE	9	Washington County	Crisis Respite

HCBS Service Referral

Desired Goals/Needs to Be Addressed*
Goals

Known Barriers and Strategies
Strategies

Family Preferences
Preferences

Additional Comments

Provider	Response
Families First in Essex County, Inc.	ACCEPT
Northeast Parent & Child Society, Inc.	NO RESPONSE
Parsons Child and Family Center	NO RESPONSE

☒ Select Agency

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

HHCM/QIIS 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
☒	Ahivim, Inc
☐	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.

HCBS Child Summary

HCBS: ☒ All ☐ No Response (2) ☐ Late (2)

CMA: ☒ All ☐ No Selection (1) ☐ Late (1)

CIN, Member Name

Open Referrals Only

Showing 1 to 2 of 2 entries

<< < 1 > >>

10

> [Redacted]

HCBS Response Late

Not HCBS Eligible

No K1

CIN: [Redacted]

DOB: 09/02/2014

County: Washington

HH: ADIRONDACK HEALTH INSTITUTE INC

CMA: ADIRONDACK HEALTH INSTITUTE INC

MCO: CAPITAL DISTRICT PHYS HLTH PL

Waitlist

Referral

Active

0

1

0

10 Days

1 responses due by 06/10/2024

> [Redacted]

HCBS Response Late

CMA Selection Late

Not HCBS Eligible

No K1

CIN: [Redacted]

DOB: 11/07/2011

County: Washington

HH: ADIRONDACK HEALTH INSTITUTE INC

CMA: ADIRONDACK HEALTH INSTITUTE INC

MCO: FIDELIS CARE

Waitlist

Referral

Active

0

1

0

10 Days

1 responses due by 06/10/2024

1 selections due by 06/10/2024

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. Respite Allowances

In general, Children’s HCBS participants cannot receive the same service from different designated provider agencies. For example, a participant cannot get Planned Respite from both Provider Agency (A) and Provider Agency (B). If special circumstances arise that require the same HCBS from different providers, the HHCM must document the justification and get approval from the State. The Portal will allow connections to multiple Planned and/or Crisis Respite Providers. This allowance only applies to Planned Respite and Crisis Respite, helping to meet the need for both daytime and Overnight Respite. The system will no longer automatically discharge an existing Planned and Crisis Respite provider when a new provider is selected via the Select Agency button in a referral.

Requested Agencies

+ Add Agency

Abbott House

ACCEPT

Request Date

09/04/2025

Response Date

09/05/2025

Response Due

09/11/2025

Response User

Carissa Horton

(carissa.horton@health.ny.gov)

Withdraw

Select Agency

CHDFS, Inc

ACCEPT

Request Date

09/04/2025

Response Date

09/04/2025

Response Due

09/11/2025

Response User

Carissa Horton

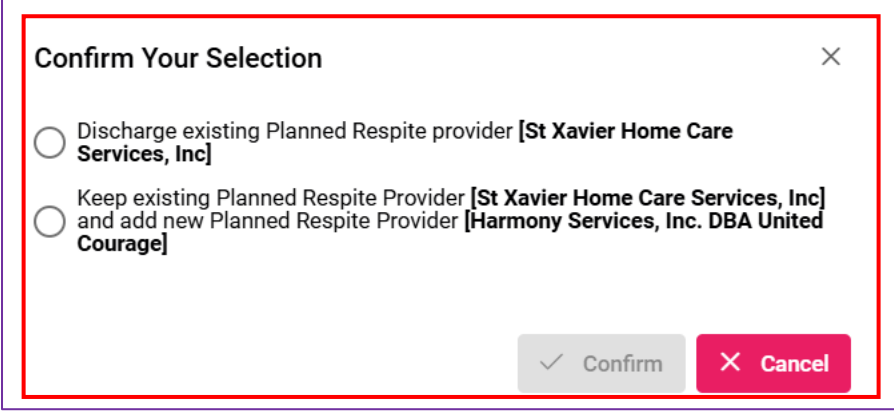
(carissa.horton@health.ny.gov)

Withdraw

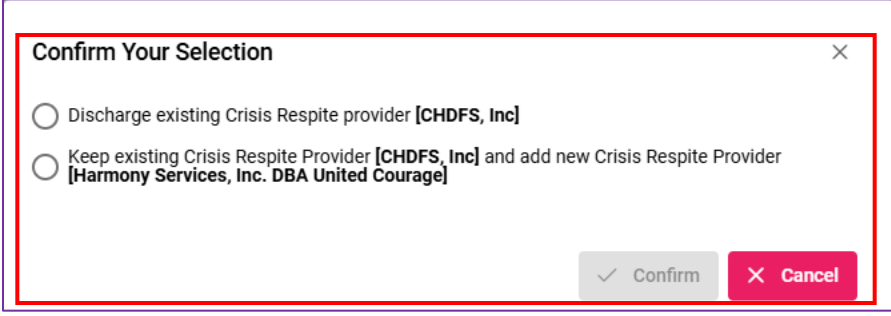
Select Agency

Once a Care Manager clicks on “Select Agency,” the system shall present a prompt to the Care Manager to confirm provider selection, offering the following options:

- Discharge existing Planned Respite provider [Provider Name]
- Keep the Existing Planned Respite provider [CURRENT PROVIDER] and add the new Planned Respite provider [NEWLY SELECTED PROVIDER].



A dialog box titled "Confirm Your Selection" with a close button (X) in the top right corner. It contains two radio button options. The first option is "Discharge existing Planned Respite provider [St Xavier Home Care Services, Inc]". The second option is "Keep existing Planned Respite Provider [St Xavier Home Care Services, Inc] and add new Planned Respite Provider [Harmony Services, Inc. DBA United Courage]". At the bottom right, there are two buttons: a grey "Confirm" button with a checkmark icon and a red "Cancel" button with an X icon.



A dialog box titled "Confirm Your Selection" with a close button (X) in the top right corner. It contains two radio button options. The first option is "Discharge existing Crisis Respite provider [CHDFS, Inc]". The second option is "Keep existing Crisis Respite Provider [CHDFS, Inc] and add new Crisis Respite Provider [Harmony Services, Inc. DBA United Courage]". At the bottom right, there are two buttons: a grey "Confirm" button with a checkmark icon and a red "Cancel" button with an X icon.

When there are three open referrals for Planned or Crisis Respite, the system will require a two-step confirmation process for the care manager when making a selection. It will prompt the user with the option to "Keep existing Planned Respite Provider [Provider Name] and add a new Planned Respite Provider [Provider Name]." Upon making this selection, the system will subsequently prompt the user to identify which provider they wish to discharge.

Step 1: Confirm Your Selection



A dialog box titled "Confirm Your Selection" with a close button (X) in the top right corner. The first option, "Keep existing Planned Respite Provider [Abbott House, Harmony Services, Inc. DBA United Courage] and add new Planned Respite Provider [JEMCare]", is selected with a blue radio button. At the bottom right, there are two buttons: a blue "Next" button with a right arrow icon and a red "Cancel" button with an X icon.

Step 2: Select which Provider to Discharge

Select Provider To Discharge

Select which provider to discharge:

☐

 Abbott House

☒

 Harmony Services, Inc. DBA United Courage

✓ Confirm

← Back

After a discharge, if services are to be resumed with the previously discharged provider, the Care Manager **must submit a new referral to that provider.**

HCBS Providers will notice an icon on the Child Summary and HCBS service page indicating that the participant has been discharged from their end. Additionally, within the Service History, HCBS providers will be able to see that they were not the selected provider during the previous discharge.

✓ [Redacted]

Recent Discharge

Waitlist 0Referral 0Active 0

CIN: [Redacted]DOB: 03/16/2019County: Kings

HH: COORDINATED BEHAVIORAL CARE INC 03559515CMA: AHIVIM INC 06320965MCO: FIDELIS CARE 01751046

Planned RespiteService History

Referred By: AHIVIM INC

HCBS Agency: Not Selected

Referral Date: 09/08/2025

NOT SELECTED

Referred Agencies

Agency	Response Due	Selection Due	Expiration Date
☒ Abbott House	09/15/2025		09/23/2025

For users reviewing the Service History, it will be evident that the participant was discharged.

Planned Respite History

Referral: 48494REFERRALRefer Date: 9/8/25Not Selected

Referral: 48475ACTIVERefer Date: 9/8/25CHDFS, Inc

Referral: 48438DISCHARGEDRefer Date: 9/4/25CHDFS, IncDischarge: 9/8/25 (Another HCBS agency was selected)

D. 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 (QIIS will have contact with the provider at least quarterly) to discuss updates to services, progress made, and any adjustments needed.

- The HHCM/QIIS will update the Plan of Care as needed when there are updates to goals, services, or authorized F/S/D.
- The HHCM/QIIS will maintain regular contact with the participants/family to monitor progress and updates related to HCBS.
- The HHCM/QIIS will schedule interdisciplinary meetings and invite the HCBS provider(s).
- The HHCM/QIIS 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/QIIS 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:

The screenshot shows a 'Planned Respite' form. At the top, it displays 'Referral ID: 2283', 'Referred By: HAND IN HAND DEVELOPMENT INC', 'Referral Date: 03/13/2025', and 'Selection Date: 03/13/2025'. A green 'ACTIVE' button is visible. Below this is a table of 'Referred Agencies' with columns for Agency, Response Due, Response Made, Expiration Date, and Status. The first row shows 'Abbott House' with 'Response Due: 03/20/2025', 'Response Made: 03/13/2025', and a green 'SELECTED' button. To the right is a 'Service Menu' with links for 'View Referral', 'Print Referral', and 'Discharge Child' (which is highlighted with a red box).

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.

The screenshot shows a dropdown menu titled 'Please specify the reason for the discharge'. The selected option is 'Child disenrolled from HCBS waiver'. Other visible options include 'Family Choice', 'Service completed during initial period', and 'Service goals accomplished'.

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
Provider Change	New Referral Required
Provider Closure	New Referral Required
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.

Confirm Discharge [Close]

Discharge Information

Child Name [Redacted] **CIN** [Redacted] **DOB** 05/11/2006

Service
Caregiver/Family Advocacy and Support Services

Please specify the reason for the discharge

Insufficient staff for service [Dropdown Arrow]

Status : New Referral Required

☐ **By checking this box I confirm this discharge.**

Buttons: Cancel, Discharge

Annotations:

- Depending on the reason for discharge chosen, the status will either present as "Service Complete" or "New Referral Required" as indicated in the chart
- To finalize a discharge, users must confirm the action by checking the box.

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.

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

Agency	Response Due	Response Made	Expiration Date	Status
Abbott House	03/20/2025	03/21/2025		SELECTED

Service Menu

[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/QIIS 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	☒ 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
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/QIIS 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

[Add Guardian](#)
[Add Sibling](#)

Complete

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

September 2026

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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/QIIS) 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/QIIS. 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.

The screenshot displays the 'HCBS Service Authorization' form. At the top, under 'Child Information', fields for Name, Sex (MALE), Age (18), Service County (Orange County), and HCBS Service (Planned Respite) are visible. Below this is a navigation bar with tabs: F/S/D, Goals, Provider, Review, Approval, and Attachments. The 'Authorized Service Period' section contains three date input fields: 'First Date of Service*', 'Authorization Begin Date*', and 'Authorization End Date*'. The 'First Date of Service*' field is active, showing a calendar for October 2024. The date 17 is selected and circled. To the right of the date fields is a 'Begin Authorization' button. At the bottom right of the form are 'Cancel' and 'Next: Goals & Objectives ->' buttons.

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

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 screenshot shows the 'HCBS Service Authorization' form. Under the 'Child Information' section, the Name is redacted, Sex is MALE, Age is 18, Service County is Orange County, and HCBS Service is Planned Respite. The 'Authorized Service Period' section has three input fields: 'First Date of Service*', 'Authorization Begin Date*', and 'Authorization End Date*'. The 'Authorization Begin Date*' field is active, showing a calendar for October 2024. The date 17 is selected and circled. A red box highlights the calendar. At the bottom right, there is a 'Cancel' button and a 'Next: Goals & Objectives ->' button. A 'Begin Authorization' button is also visible.

The Authorization End Date should reflect the day the authorization period with 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.

This screenshot is similar to the previous one, but the 'Authorization End Date*' field is now active. It shows the same calendar for October 2024 with the date 17 selected. A red box highlights the calendar. The 'Begin Authorization' button is visible at the bottom right.

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

The screenshot shows the 'Authorization Dates' section of the form. The 'First Date of Service*' is 10/10/2024, 'Authorization Begin Date*' is 09/30/2024, and 'Authorization End Date*' is 02/10/2025. The 'Begin Authorization' button is highlighted with a red box.

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.

The image displays three sequential screenshots of a web form titled "Frequency/Scope". Each screenshot shows the same form with different components highlighted by a red rectangular box.

- First Screenshot:** The "Scope*" section, which includes a text input with the value "1" and a dropdown menu currently set to "Hours", is highlighted. Below it, the "Frequency*" section, which includes a text input with the value "2" and a dropdown menu with options "Hours", "Minutes", and "Every Week", is also highlighted.
- Second Screenshot:** The "Frequency*" section, showing the dropdown menu expanded with options "Every Week", "Every 2 Weeks", "Every 3 Weeks", and "Every Month", is highlighted.
- Third Screenshot:** The "Modality*" section, which includes two radio buttons labeled "Individual" and "Group", is highlighted.

Other visible form elements include the "Unit Type*" section with a text input showing "15 Minute", and "Save" and "Cancel" buttons at the bottom of each form.

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 unit types and will not allow the **Unit Type** to be edited.

Planned Respite

Frequency/Scope

Scope*

How long is each session?

1

Hours

Frequency*

How often are the sessions?

1

Every Week

Modality*

How many people are in each session?

Individual

Group

Unit Type*

How are units defined?

15 Minute

15 Minute

Per Diem

Community Habilitation

Frequency/Scope

Scope*

How long is each session?

1

Hours

Frequency*

How often are the sessions?

1

Every Week

Modality*

How many people are in each session?

Individual

Group

Unit Type*

How are units defined?

15 Minute

Save

Cancel

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?

1

Hours

Frequency*

How often are the sessions?

1

Every 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?

1

Hours

Frequency*

How often are the sessions?

1

Every 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.**

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**.

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.

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: Aaron Roe 09/20/2024 | Approve: Aaron Roe 09/20/2024 | Final: Aaron Roe 09/20/2024

Child Information

Name: [REDACTED] | Sex: MALE | Age: 18 | Service County: Orange County | HCBS Service: 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 (highlighted)

Goal

Add Objective

Test Goals

1. Partially Met (dropdown menu open showing: Partially Met, Not Met, Partially Met, Complete, No Longer Applicable)

Cancel | Next: Provider →

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.

HCBS Service Authorization

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

Site Location

Site Location*

Select Site Location

HCBS Agency Contacts

Test Staff Primary

HCBS Coordinator

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.

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

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

The screenshot shows a section titled "HCBS Service Providers". Below the title, it says "There are no providers assigned to this child." In the top right corner, there is a blue button with a plus icon and the text "Add HCBS Provider". This button is highlighted with a red rectangular box.

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.

The screenshot shows a form titled "HCBS Service Providers" with a close button (X) in the top right. Below the title is a button labeled "Edit Staff" with a plus icon, highlighted with a red box. The main section is titled "HCBS Service Provider Information" and contains a message: "Please select a HCBS Provider or add a new one to your organization". Below this message is a dropdown menu labeled "Select Staff" with a downward arrow, also highlighted with a red box. At the bottom right of the form are "Cancel" and "Save" buttons.

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.

The screenshot shows a button labeled "Permanently Delete Authorization" with a red icon to its left. The button is highlighted with a red rectangular box. To the right of the button is a "Close" button with a red X icon.

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.

The screenshot shows a confirmation dialog box. At the top left is a "Cancel" button with a red X icon, highlighted with a red box. The main text of the dialog says: "Are you sure you want to cancel. Any unsaved changes will be lost." Below this text are two buttons: "No" and "Yes". The "Yes" button is highlighted with a purple background.

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.**

Upload Document

Attachments

There are no attachments

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.

SUBMITTED

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	Agency Abbott House	Status SUBMITTED
Submission Carissa Horton 10/17/2024	Approval N/A	

Child Information

Name [REDACTED]	Sex FEMALE	Age 15	Service County New York County	HCBS Service Caregiver/Family Advocacy and Support Services
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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
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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	Agency Abbott House	Status SUBMITTED
Submission Carissa Horton 10/08/2024	Approval N/A	Finalization N/A

Child Information

Name [REDACTED]	Sex MALE	Age 18	Service County Orange County	HCBS Service Planned Respite
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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. Additionally, file names with the following characters are not eligible for upload:

- Middle dot (·)
- Horizontal bar (—)
- En dash (–), Em dash (—)
- Curly quotes (“ ” ‘ ’)
- Ellipsis (...)

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.

☒ Fully Approved
☐ Partially Approved
☐ Denied

Authorization Dates

Authorization Begin Date

11/22/24

Authorization End Date

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 report a revised Frequency/Scope/Duration. Once a user selects “Partially Approved” and enters the total approved hours/units, the “Enter Revised Frequency & Scope” blue box will appear in the upper-right corner of the Authorized Service Period field.

HCBS Service Authorization

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

Authorized Service Period

Authorization Begin Date* 01/01/2026  Authorization End Date* 06/30/2026 

ENTER REVISED FREQUENCY & SCOPE

Authorized Frequency and Scope

Procedure Code	Approved Hours	Approved Units	Submitted Hours	Submitted Units
Total	220	848	416	1664
H2014	220	848	416	1664

Users can click “Enter Revised Frequency & Scope” to enter in partially approved revised hours and units

Users can modify the Authorization Begin and End date by selecting the calendar icon and choosing the appropriate dates. The system **will automatically prevent users from setting an authorization period longer than six months.**

Frequency/Scope

H2014 H2015

Scope*
How long is each session?

4 Hours

Frequency*
How often are the sessions?

4 Every Week

Modality*
How many people are in each session?

Individual Group

Unit Type*
How are units defined?

15 Mins

⚠ Exceeds Approved Hours/Units (Revised Hours = 416, Revised Units = 1664)

Select which procedure code will be revised at the top.

Use the drop-down menus to enter revised Scope (Hours or Minutes) and Frequency (Every week, Every 2 weeks, Every 3 weeks, Every Month).

Enter the Modality (Individual and/or Group)

Enter the Unit Type (15 minutes, 30 minutes, Per Diem, Episodic)

If a user enters a frequency and/or scope that exceeds the approved limits, the system will display a pop-up warning message indicating that the requested frequency and scope are exceeding approved hours/units. The warning will also include total revised hours.

Note: This warning might appear even when users are not exceeding your limits, as it is based on systematic methods the system utilizes to calculate hours/units. Depending on the authorization dates and frequency selected, the system may “round up” to more units than are approved because it’s accounting for the “extra” days/weeks in the duration period. The system divides the duration of the authorization period into 7 day weeks. When the duration period does not divide equally into 7 day weeks, the system will “round up” to the next whole number. For instance, if a period between dates equals 184 days, we divide the 184 by 7 and this gives the weeks, in this instance the weeks would be 26 weeks 2 days and that is rounded to 27 weeks. When the Message "Exceed Approved Hours/units (Revised Hours = Total amount) appears this message is now a warning, and will not prevent users from saving/finalizing the authorization. Providers must carefully review all entries when this warning appears to ensure accuracy and compliance with the approved authorization prior to submission. Providers should consider if the warning is appearing due to the “rounding” logic mentioned above, or if the warning is appearing due to provider error in data entry and going over the allowable units. Providers remain responsible for ensuring that service provision aligns with the authorized service amount.

HCBS Service Authorization

Authorized Service Period

Authorization Begin Date*

08/13/2026

Authorization End Date*

02/10/2027

Authorized Frequency and Scope

Procedure Code	Approved Hours	Approved Units	Submitted Hours	Submitted Units
Total	182	728	182	728
S5150	182	728	182	728

Revised Frequency & Scope

+ Frequency & Scope

Total Visits: 26

Total Hours: 156

Total Units: 624

(S5150)

Scope	Frequency	Modality	Unit Type	Visits	Hours	Units
6 Hours	1 Every Week	Individual	15 Mins	26	156	624
Total Authorization for S5150				26	156	624

ENTER REVISED FREQUENCY & SCOPE

Revised Frequency and Scope will be displayed right below the Approved total hours/units on the Approval tab of the Authorization.

Users have the ability to report more than one frequency/scope, if needed. Users can click on the “+Frequency & Scope” button to add an additional frequency and scope, if needed. Once entered, the additional frequency scope will appear on the Approval tab of the authorization. Prior to finalization, users can edit, modify, or remove additional frequency/scope entries.

Users can click on “+ Frequency & Scope” to an additional frequency/scope, if needed.

Revised Frequency & Scope

+ Frequency & Scope

Total Visits: 78

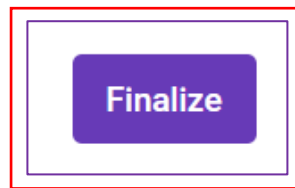
Total Hours: 104

Total Units: 416

(\$5150)

Scope	Frequency	Modality	Unit Type	Visits	Hours	Units	
60 Minutes	1 Every Week	Individual	15 Mins	26	26	104	 
90 Minutes	2 Every Week	Individual	15 Mins	52	78	312	 
Total Authorization for S5150				78	104	416	

After submitting all required information, the HCBS provider can navigate to the bottom right corner to click “Finalize” to finalize request. Once this selection is made, no further edits can be made.



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

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

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
1762

HCBS Agency
Abbott House

Submit Date
3/21/25

Approval Date
3/21/25

DENIED

Authorized Services

Service Period
3/30/25 - 9/29/25

Hours
0

Units
0

H2023
0 Hours
0 Units

View Authorization

Print Authorization

Service Menu

View Referral

Print Referral

Create Authorization

Discharge Child

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/QIIS 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/QIIS 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/DGoalsProviderReviewApprovalAttachments

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.

After the Department enters the partial approval within the Approved tab, HCBS providers are required must to return to the Portal after receiving the determination to enter a revised frequency and scope in the structured fields. The revised frequency and scope must align with the total units/hours of the partial approval. This information will be entered by selecting “Enter Revised Frequency & Scope” within the Approval Tab of the Authorization. A system notification will direct providers to complete this step. If not entered, a reminder appears in the next business day Daily Digest.

Authorization Submissions		4
	FFS Submission	1
	FFS Resubmission	
	MCO Submission	3
	Information Requested	
	Information Request Late	
	Partial Approvals Requiring Finalization	

Users can click “Enter Revised Frequency & Scope” to enter in partially approved revised hours and units

HCBS Service Authorization

Authorized Service Period

Authorization Begin Date* 11/01/2026

Authorization End Date* 04/30/2027

Authorized Frequency and Scope

Procedure Code	Approved Hours	Approved Units	Submitted Hours	Submitted Units
Total	623	2496	624	2496
H2014	208	832	208	832
H2015	415	1,664	416	1664

Select which procedure code will be revised at the top.

Use the drop-down menus to enter revised Scope (Hours or Minutes) and Frequency (Every week, Every 2 weeks, Every 3 weeks, Every Month).

Enter the Modality (Individual and/or Group)

If a user enters a frequency and/or scope that exceeds the approved limits, the system will display a pop-up warning message indicating that the requested frequency and scope are exceeding approved hours/units. The warning will also include total approved revised hours

Frequency/Scope

H2014 H2015

Scope*

How long is each session?

4 Hours

Frequency*

How often are the sessions?

4 Every Week

Modality*

How many people are in each session?

Individual Group

Unit Type*

How are units defined?

15 Mins

⚠ Exceeds Approved Hours/Units (Revised Hours = 416, Revised Units = 1664)

Note: This warning might appear even when users are not exceeding your limits, as it is based on systematic methods the system utilizes to calculate hours/units. Depending on the authorization dates and frequency selected, the system may “round up” to more units than are approved because it’s accounting for the “extra” days/weeks in the duration period. The system divides the duration of the authorization period into 7 day weeks. When the duration period does not divide equally into 7 day weeks, the system will “round up” to the next whole number. For instance, if a period between dates equals 184 days, we divide the 184 by 7 and this gives the weeks, in this instance the weeks would be 26 weeks 2 days and that is rounded to 27 weeks. When the Message "Exceed Approved Hours/units (Revised Hours = Total amount) appears this message is now a warning, and will not prevent users from saving/finalizing the authorization. Providers must carefully review all entries when this warning appears to ensure accuracy and compliance with the approved authorization prior to submission. Providers should consider if the warning is appearing due to the “rounding” logic mentioned above, or if the warning is appearing due to provider error in data entry and going over the allowable units. Providers remain responsible for ensuring that service provision aligns with the authorized service amount.

Users have the ability to report more than one frequency/scope, if needed. Users can click on the “+Frequency & Scope” button to add an additional frequency and scope, if needed. Once entered, the additional frequency scope will appear on the Approval tab of the authorization. Prior to finalization, users can edit, modify, or remove additional frequency/scope entries.

Users can click on “+ Frequency & Scope” to an additional frequency/ scope, if needed

Revised Frequency & Scope

+ Frequency & Scope

Total Visits: 54Total Hours: 81Total Units: 324

(H2014)

Scope	Frequency	Modality	Unit Type	Visits	Hours	Units	
2 Hours	1 Every Week	Individual	15 Mins	27	54	216	
1 Hours	1 Every Week	Individual	15 Mins	27	27	108	
Total Authorization for H2014				54	81	324	

Finalize FSD Revision

Cancel

Once all revised frequency and scope information has been entered users can click save.

Save

Cancel

. Once this selection is made, no further edits can be made.

F. Fee-for-Service (FFS) Information Request

Prior to Issuing a determination, 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.

Authorization Submissions		4
	FFS Submission	1
	FFS Resubmission	
	MCO Submission	3
	Information Requested	
	Information Request Late	
	Partial Approvals Requiring Finalization	

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

Referral ID	Referred By	Referral Date	Selection Date	
	HAND IN HAND DEVELOPMENT INC	03/07/2025	03/07/2025	ACTIVE

Latest Authorization					Service Menu	
Auth ID	HCBS Agency	Submit Date				
	Abbott House	3/7/25			REQUEST INFO View Referral Print Referral Discharge Child	
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

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

2/20/25

Authorization Begin Date

2/25/25

Authorization End Date

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	

+ Add Scope/Frequency

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.”

The screenshot displays the IRAMS system interface for a referral. At the top, it shows the Referral ID (2241), Referred By (HAND IN HAND DEVELOPMENT INC), Referral Date (03/07/2025), and Selection Date (03/07/2025). A green 'ACTIVE' button is in the top right. Below this, three status buttons are shown: 'Auth Expiring Soon' (red), 'FFS Approval Required' (purple), and 'Resubmission' (blue, highlighted with a red box). The 'Latest Authorization' section shows Auth ID 1720, HCBS Agency Abbott House, and Submit Date 3/7/25. A 'SUBMITTED' button (purple, highlighted with a red box) is next to the submit date. Below this, the 'Authorized Services' table is shown:

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

At the bottom of the authorization section are links for 'View Authorization' and 'Print Authorization'. On the right, a 'Service Menu' contains links for 'View Referral', 'Print Referral', and 'Discharge Child'.

G. 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/QIIS 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/QIIS 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/QIIS:

New York State: Incident Reporting and Management System

HCBS Referral: Daily Digest

Below is the HCBS Referral Summary for **Harmony Services, Inc. DBA United Courage** on **04/01/2026**

CMA Selections Ready

[View Child](#) Due: 03/30/2026

[View Child](#) Due: 10/09/2025

Response Alerts

[View Child](#) Due: 03/30/2026 (Late)

[View Child](#) Due: 03/20/2026 (Late)

Authorizations Expiring Soon

[View Child](#) Expiring: 04/18/2026

[View Child](#) Expiring: 04/11/2026

Expired Authorizations

[View Child](#) Expired: 03/28/2026

[View Child](#) Expired: 03/24/2026

Partially Approved Authorizations In Need of Finalization

[View Child](#)

[View Child](#)

Yesterday's Discharges

Yesterday's Discharges 1

Waitlisted Children

Statewide Waitlist 55

- HHCM/QIIS 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:

New York State: Incident Reporting and Management System

New HCBS Referral

A new HCBS Referral was assigned to **Abbott House** in the New York State Children's HCBS Referral Portal.

Referral:	View Referral
HCBS Service:	Planned Respite
County:	Orange
Response Due:	6/17/2024
Expiration:	7/2/2024

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](#)]

When a partial approval has been issued on a FFS authorization request, the provider will receive and immediate notification directing providers to enter the portal and report the revised frequency and scope of services for the authorization period.

New York State: Incident Reporting and Management System

HCBS FFS Authorization Partial Approval

An HCBS FFS Authorization was Partially Approved for **Abbott House** in the New York State Children's HCBS Referral Portal.

Authorization:	View Authorization
HCBS Service:	Planned Respite
Approve Date:	04/14/2026

Please access the authorization to report a revised Frequency, Scope, and Duration.

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](#)]

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:

Incident Reporting and Management System (IRAMS) & Children's Services

CIN, Member Name, Issue ID

AR

User Profile

HCS Information

Name:

Email:

Phone:

Organization

Name:

ADIRONDACK HEALTH INSTITUTE INC

Type:

Care Management Agency

Email Preferences

Issue is assigned to my organization:

HCBS Referral Daily Digest:

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 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.

September 2026

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Children's Services			<
HCBS Child Listing			
	HCBS Children	9,068	
HCBS Services			
	Active Services	5,739	
	Open Referrals	240	
	Waitlist	980	
	Recent Discharge	4	
Authorization Submissions		2,142	
	FFS Submission	17	
	<i>FFS Resubmission</i>		
	MCO Submission	524	
	Information Requested	3	
	Information Request Late	3	
	Partial Approvals Requiring Finalization	1,627	

Children's Services			<
HCBS Service Issues		5,592	
	HCBS Eligibility	894	
	No Authorization	1,022	
	Expired Authorization	4,693	
	Auth Expiring Soon	7	
HCBS Referral Responses		9	
	Reponse Needed	9	
	Reponse Due Soon	1	
	Reponse Late	5	
CMA Referral Selections		62	
	Selection Needed	62	
	Selection Due Soon	2	
	Selection Late	58	
Referral and Authorization			
	Referral Extract		
	Authorization Extract		

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 business days of the request
Partial Approvals Requiring Finalization	Action is required for HCBS providers to view FFS authorizations that have received a partial approval and require entry of a revised frequency and scope.
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/QIIS needs to select an HCBS provider from those who have accepted the referral
Selection Due Soon	The deadline for the HHCM/QIIS to select an HCBS provider is approaching
Selection Late	The HHCM/QIIS 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:

health.ny.gov/professionals/office-based_surgery/docs/hcs_account_paperless_app_process.pdf

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/QIIS) 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

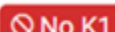
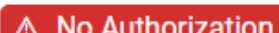
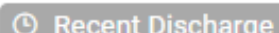
	provider. The First Date of Service is the start of the Initial Service Period or 60 days/96 units/24 hours.
HCBS Child Summary	Summary page of participant information including Client Identification Number (CIN), Date of Birth (DOB), and name, limited information viewable for historical purposes and 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.

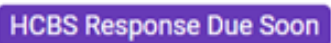
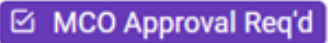
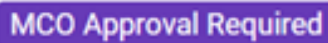
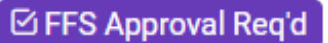
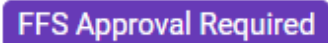
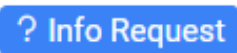
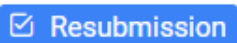
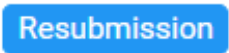
Referral and Authorization Portal Statuses

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: 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	HCBS

		needed.	
	FINALIZED	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: Approved – All requested hours/units contained within the submitted authorization request have been authorized. 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. Denied – The submitted authorization has been denied. The authorization cannot be deleted once finalized.	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.	$181/7 = 25.8\dot{a}$ 26 <i>(Rounded to 26 weeks)</i>	Weeks = Ceiling [(End date – Start Date) / 7] <i>(Round up using ceiling)</i>
Intervals	Determine Interval Fit	Scope= Every 2 weeks $26/2 = \mathbf{13 \text{ intervals}}$	Scope fit into the number of weeks <i>(Scope = every 2 weeks) Weeks / Scope (in weeks)</i>
Total Visits	Calculate visits <i>(Multiply by frequency per interval)</i>	4 visits every 2 weeks: $4 \times 13 = \mathbf{52 \text{ visits}}$	Frequency x # of Intervals <i>(Use next whole number if it is a decimal value)</i>
Total Hours	Calculate Total Hours <i>(Convert visits to total hours)</i>	30- minute sessions: $52 \times 0.5 = \mathbf{26 \text{ hours}}$	Visits x Session duration (in hours)
Total Units	Convert to Units <i>(Convert hours to units)</i>	1 unit = 15 minutes $\dot{a}$ $(26 \times 60) / 15 = \mathbf{104 \text{ units}}$	Number of Hours / Unit length (15 minutes) <i>(Units = Hours x 60 / Unit Length)</i>

Days in Duration Period	Calculation	Result	Rounded Weeks
The system divides the duration of the authorization period into 7 day weeks. When the duration period does not divide equally into 7 day weeks, the system will “round up” to the next whole number.			
184 days	$184 \div 7$	26 weeks and 2 days	27 weeks
182 days	$182 \div 7$	26 weeks exactly	26 weeks
55 days	$55 \div 7$	7 weeks and 6 days	8 weeks

D. System Field Definitions

Child Case Page

Name	Full legal name if the HCBS participant, including first, middle initial, (if applicable), and last name.
CIN	Participant's Medicaid Client Identification Number.
DOB	Participant's date of birth in MM/DD/YYYY format.
Age	Participant's age
Sex	The sex that the participant was assigned at birth (which would be identified in EMedNY).
Medicaid Expiration	The date that the Participant's current Medicaid eligibility is set to expire. A green box with a check mark will appear next to this date if the

	participant's Medicaid is active. An alert will appear next to this box if the participant's Medicaid is inactive.
HCBS Enrollment	A green box with a check mark will appear next to this date if the participant is actively enrolled in the Children's Waiver. An alert will appear next to this box if the participant is not actively enrolled in the Children's Waiver.
Latest Assessment	The date that the most recent Children's Waiver HCBS assessment was the Care Manager for the participant. A green box with a check mark will appear next to this date if the participant has an active assessment. An alert will appear next to this box if the participant does not have an active assessment.
Fiscal County	County responsible for managing and overseeing the participant's Medicaid funding and services. The HHCM/QIIS is responsible for updating if needed.
HCBS Designated County	The county where the child/youth resides. The HHCM/QIIS is responsible for updating if needed.
Medicaid Program	Name of the participant's Health Home, Care Management Agency/QIIS, and Managed Care Plan (if applicable). -Participant's Medicaid Address, Phone Number, and Residence County (County where the participant resides).
Child Information	Participant's address of residence (where the child lives). Participant's primary diagnosis- – provide description and ICD-10 code, if known, Participant's preferred name- Participant's contact information (email address and phone number) Participant's languages spoken (include all applicable) Participant's preferred pronouns
Care Team Members	HCBS Providers can ADD/Edit HCBS provider care team member contact information as follows: Contact Name: First Name, Last Name. Contact-phone number (###) ###-### Contact agency email address. Note: The staff contact name displayed on an authorization will be that of the individual who submitted it, which may not be the care manager. Minimally, the Care Team member section should include at least one contact at the HCBS provider agency that the MMCP, DOH, or Care Manager could contact with questions/updates related to the participant's authorization. Additional care team members can be added as appropriate.
Family/Guardians	For each parent/guardian/legally authorized representative, the HCBS Provider must fill out ALL Information for Name of the family member or guardian Relationship to the child/youth If guardian is primary contact If child/youth reside with the guardian Contact Email address Contact Phone number (###) ###-### Preferred Contact Method – Email or Phone Contact Residential address Number of Sibling(s) that reside in the same home as the participant who receive HCBS. Number of siblings that reside in the same in household at the

	participant who are enrolled in Health Home. HCBS provider & HHCM can provide numerical count This information is initially submitted as part of the Referral, generated by the HHCM/QIIS. The HCBS Provider can verify and update this information as necessary.
Schedule and Activity Information	If applicable, this section will outline the participant's school or educational/vocational program and regular appointment schedule. This should includes the number of hours per week the participant attends the program (i.e., Mon-Fri 8am-1pm, etc.). School/Education: Please include information on the participant's school schedule and known other regularly scheduled activities (e.g., extracurriculars, community activities, outside programming, services). For extracurricular or community activities, note how many hours per day, week, or month. Example: School Monday-Friday 8am-3pm Soccer each Saturday (Aug-Nov) 9-11am Regular Appointments, Activities/Extracurriculars, Daycare and other Programs Please include if the participant is attending Daycare and other standing appointments (e.g., therapy, medical appointments, OT/PT/ST, CFTSS, PDN/PCA, Hospice, etc.). Example: Mental health counseling each Thursday 4-5pm. Daycare Monday-Thursday 9a-1p Summer Schedule: If the authorization period will include summer months, note the participant's schedule for programming over the summer, if different from the rest of the year. Note the number of hours per week the participant attends a program and what days of the week a participant attends the program. Example: Summer School Mon, Wed, Fri 8am-2pm.
Foster Care/Facility	If applicable, the HHCM/QIIS will indicate if the participant is in foster care in this section. Provide the name of the Voluntary Foster Care Agency (VFCA), the name and email of the LDSS/ACS Representative, and the Name of the Medical Consenter. If the participant is currently in a facility, the HHCM/QIIS will indicate the current facility: Hospital, Nursing Home, or Residential Placement, and indicate the Latest Facility Admission and Expected Discharge date This section is only completed if applicable.

Frequency Scope and Duration (FSD) Tab

Start date (1st service visit)	Note the first ever date of service for this HCBS by this provider (i.e., if requesting re-authorization, the date would be before this period of time for service). The HCBS Provider will use the calendar drop-down options to select the appropriate date.
Authorization Begin Date	Anticipated start date for this authorization period being requested. The HCBS Provider will use the calendar drop-down

	options to select the appropriate date. <i>*Authorization Begin and End dates are used by the system to calculate Authorization duration. Duration cannot exceed 6 months</i>
Authorization End date	The final date on which approved HCBS can be provided under the current authorization period. The HCBS Provider will use the calendar drop-down options to select the appropriate date. <i>*Authorization Begin and End dates are used by the system to calculate Authorization duration. Duration cannot exceed 6 months</i>
Justification for Authorization	The HCBS Provider must include the rationale/need for the number of services as determined by the participant/family, HCBS provider, care manager, and other involved professionals. Provide a detailed explanation of why the requested HCBS and F/S/D is necessary for the participant. Indicate if this is a re-authorization. If a re-authorization, provide additional information about why the service needs to continue. What has been accomplished so far, and what is need to continue? Identify any obstacles or barriers that have impacted the participant's ability to accomplish their established goals/objectives. Describe specific challenges related to the participant's condition, environment, or circumstances
Scope	The time allotment for how long each service will be delivered per the Frequency, i.e., 1 hour, 30 minutes, etc. Select from hours or minutes in the drop down menu. If multiple scopes are needed, each scope should be requested separately.
Frequency	How often the service will be offered to the participant. <u>Select Every Week, Every 2 Weeks, Every 3 Weeks, or Every Month from the drop down menu.</u> <u>If multiple frequencies are needed, each frequency should be requested separately.</u>
Modality	Indicate whether the service will be provided individually, or in a group. If more that one modality will be used, each modality should be requested separately. Note: 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. (Appendix C)
Unit Type	Unit Type refers to the unit of measurement for service provision (15-minute units, per diem units, etc.). Select the unit type most appropriate for the service being requested. If multiple unit types are needed, each type should be requested separately.
Units	Once all F/S/D values are entered, the overall units requested for the authorization period will be autogenerated by the system and displayed in this section. These units offer a clear and quantifiable measure of the services delivered, allowing for a more efficient

	evaluation of the time spent on various services and specific interventions.
Hours	Hours represent the duration for which a specific service is provided. Once all F/S/D values are entered, the overall hours requested for the authorization period will be autogenerated by the system and displayed in this section.
Visits	Once all F/S/D values are entered, the overall number of visits requested within the authorization period will be autogenerated by the system and displayed in this section.
Permanently Delete	HCBS providers have the ability to permanently delete an Authorization that is in either the "Draft" or "Submitted" status. Select this button at any time prior to Authorization finalization to permanently delete the Request. Finalized Authorizations cannot be deleted.

Goals and Objective Tab

Goal	HCBS Providers must complete this section with the goal(s) that the participant will be working towards during service delivery. Goals are informed by the care manager's referral, HCBS provider's assessment of the participant, and are developed in partnership between the HCBS provider, the participant/ family, care manager, and other involved professionals. The HCBS goals should be strengths-based, meet an identified need of the participant, and must be Specific, Measurable, Achievable, Relevant, and Time-bound (i.e., SMART goals). Each service must have at least one goal.
Objective	HCBS Providers must complete this section with the objectives (interventions) that will be provided to and with the participant, to reach the established service goals. Objectives must be provided based upon the service definitions. Objectives should be results-oriented, measurable steps towards the overall goal that can be achieved within the requested period of services. Participant's objectives should be marked as either not met, partially met, no longer applicable, or complete depending on their status.
Not Met	This status indicates that the objective set for the individual has not been achieved. Objectives that are newly established should be categorized as Not Met.
Partially Met	This status indicates that some progress has been made towards the objective, but it has not been fully achieved. The child/youth may have shown improvement or accomplished some aspects of the goal through several objectives, but further work is needed.
Complete	This objective is complete and met. The child/youth has successfully achieved the objectives set out in their service plan for this particular goal.

No Longer Applicable	This status is used when the goal is no longer relevant or appropriate for the child/youth. This could be due to changes in the child/youth's circumstances, needs, or preferences.
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Provider Tab

Site Location	The HCBS provider will choose the designated agency location assigned to the participant from the drop-down menu options.
HCBS Contact	HCBS providers must provide name, phone, and email of the HCBS provider staff member who can be contacted regarding the Authorization Request. 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. <i>This contact does not need to be the individual who provides the service.</i>
HCBS Service Providers	HCBS provider will use the drop-down menu to select an existing staff member or add a new staff member. To add a new staff member, click "Edit Staff" and select "Add New", simply type their name in the text box. Providers can enter multiple Agency contacts. <i>At least one contact must be marked as the Primary Contact before proceeding.</i> To mark the primary contact, select the check box under the staff member's name.

Review Tab

Authorization Summary	In the Authorization Summary, you can find a complete overview of: • Authorization ID • Agency Name • Status of Authorization • Name of the person submitting the authorization and the date of submission. • Approver (will not display until approved) • Participant name, sex, age, service County, HCBS Service • Authorized service: First date of service, Authorization Begin Date, Authorization End Date • Authorization Summary: Justification • Frequency, Scope, and Duration: Displays Units, Hours, Visits • Goals & objectives • Provider Site Location • HCBS Agency Contact • HCBS Service Providers Ensure all fields are complete and accurate. To make any changes, click the "Cancel" button located at the bottom of the box. Your information will be saved, and your authorization will remain in Draft status, allowing you to make revisions.
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Provider Attestation	HCBS must use the checkboxes to attest accuracy of information and services to be provided. Select both attestation checkboxes. <i>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.</i> <i>By checking this box, I confirm that I will submit the authorization request to the managed care plan for review and approval.</i>
Submission	Locks authorization upon submission. Confirm submission, as edits are not allowed post-submission.

Attachments Tab

Upload Document	Attach required documentation (mandatory for FFS). Attach documents supporting HCBS needs and F/S/D.
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Approval Tab

Fully Approved	The MMCP/DOH has approved the entire HCBS request. The HCBS provider will not have to manually enter the units, as the Referral and Authorization Portal will automatically populate the quantity of units/hours originally entered by the HCBS provider and submitted to the MMCP/DOH, which was approved. The HCBS provider (for MMCP enrollees)/ DOH (for FFS enrollees) will select this option if the Authorization Request is fully approved.
Partially Approved	The MMCP/DOH has issued a Partial approval and a modified F/S/D is needed. The HCBS provider will need to enter the approved units or hours into the text box provided, and also provide an updated F/S/D in alignment with the approval– The HCBS provider (for MMCP enrollees)/ DOH (for FFS enrollees) will select this option if the Authorization Request is partially approved.
Denied	The MMCP/HCBS Provider has denied the Authorization Request. -The system will automatically zero (0) approved units/hours when this option is selected. The HCBS provider (for MMCP enrollees)/ DOH (for FFS enrollees) will select this option if the Authorization Request is partially approved.
Enter Revised Frequency and Scope	This option only appears if an Authorization Request has been Partially Approved. The HCBS provider will use this box to indicate the revised F/S/D that aligns with the partial approval issued by the MMCP/DOH.

Managed Care Authorization	This option only appears for MMCP Authorization Requests For MMCP enrollees, the HCBS provider must upload a copy of the Authorization determination issued by the MMCP in response to the Authorization Request. This is not required for FFS authorizations.
Finalize	For MMCP Authorization requests, this button is selected by the HCBS provider after the MMCP's determination information has been entered on the Approval tab. After Finalize is selected, the care manger will be able to view Authorization determination information. For FFS Authorizations, DOH selects the "Finalize" button. The Care manager and HCBS provider will receive notice when the Authorization is finalized by DOH. For Partial Approvals, the HCBS provider must notify the care manager of the adjusted F/S/D of services outside of the portal. A Finalized authorization cannot be deleted or edited.