Incident and Reporting Management System (IRAMS)
Home and Community Based Services (HCBS)
Referral & Authorization Portal Overview

May/June 2024

Agenda

✓Gatekeepers & Portal Access Roles

✓Overview of the HCBS Referral & Authorization Portal

✓HCBS Referral Portal Process Flow

✓HCBS Referral Portal Examples

✓Q&A

The Referral & Authorization Portal

Today's webinar will outline the development and implementation of the HCBS Referral and Authorization Portal

On June 17, 2024, the launch of *ONLY* the HCBS **Referral portion** of the Portal will be implemented
- All HCBS referrals by care managers will be required to go through the HCBS Referral Portal
    - o No HCBS referrals can be made outside the system
- HCBS providers will receive all referrals through the Referral Portal and will be required to respond to the referral to serve HCBS' members
- Care Managers and HCBS agencies will need to ensure access to the system

More information will be given surrounding HCBS Authorization development

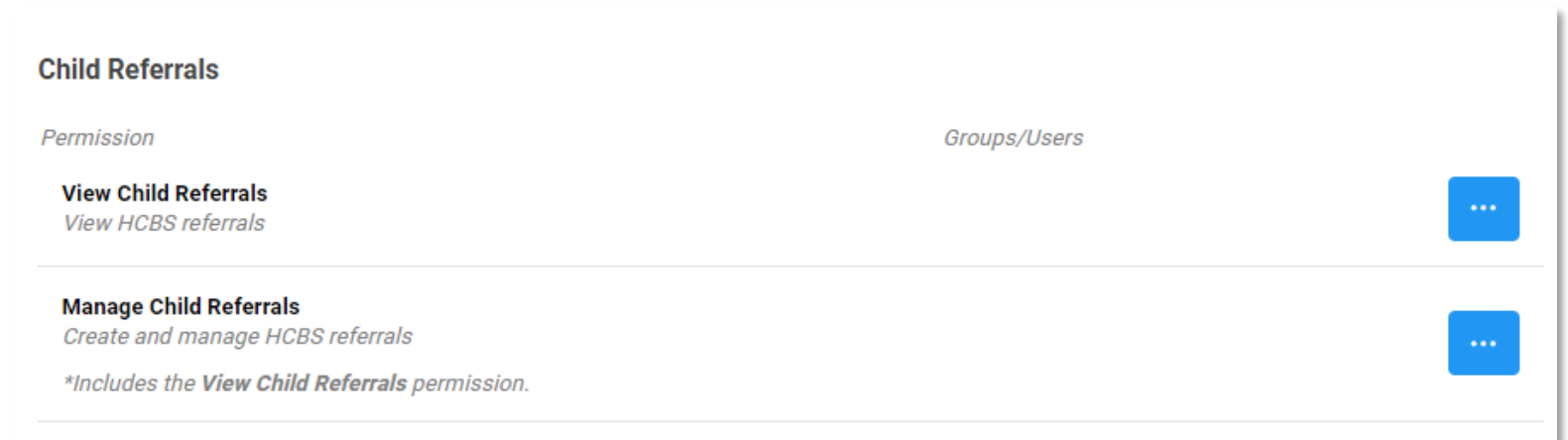The webinar on June 3, 2024, will be the same webinar as today
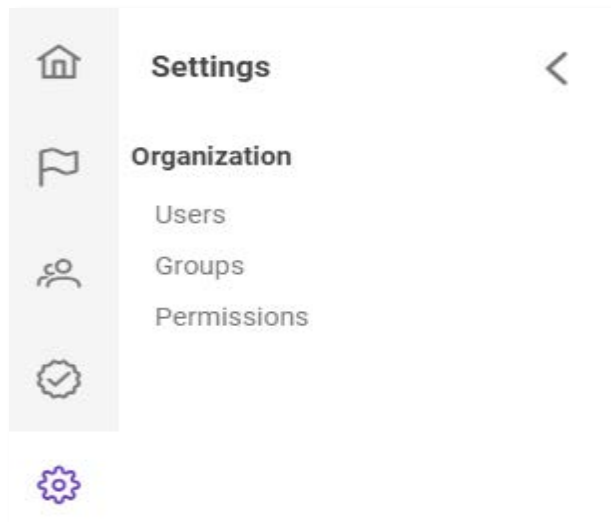
Gatekeepers & Portal Access Roles

Assigning Permissions in the Referral Portal

- Each organization's IRAMS Gatekeeper can grant Referral Portal related permissions within the system to agency staff

  o All staff must have a Health Commerce System (HCS) account to access the system

- Agency staff will not have access to Referral Portal features until the agency IRAMS Gatekeeper has granted them the applicable permission

1. Log into IRAMS as the agency's IRAMS Gatekeeper
2. Navigate to the Settings section (on the left-hand menu bar):

3. Select "Permissions" from the menu options
4. Assign the applicable staff one of the following roles:

Settings

Organization
Users
Groups
Permissions

Child Referrals

Permission   Groups/Users

View Child Referrals
View HCBS referrals

Manage Child Referrals
Create and manage HCBS referrals

*Includes the **View Child Referrals** permission.

Assigning a Gatekeeper

- Each designated HCBS Provider Agency must have an IRAMS Gatekeeper

- A Gatekeeper within IRAMS is a role function to grant and revoke permissions to the roles available within IRAMS

- HCS users who would like to request to become an IRAMS Gatekeeper may do so by completing the Gatekeeper Request Form

- If your organization's Gatekeeper is unknown, please email Health Homes with a subject line of "IRAMS Questions only- No PHI"

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

Gatekeeper Account   Organization Selection   Review & Submit

Welcome to the IRAMS Gatekeeper Request page. The Gatekeeper role will allow you to manage users for your organization within IRAMS. Please enter your Health Commerce System user ID to begin.

HCS User ID   🔍

Next: Choose Orgs →

Roles within the Referral Portal

Within the Electronic Referral Portal, there are primary tools that will change your view and/or allow you to edit and respond to Referrals. Below are the different role options within the trackers:

Group	Role	Permissions
HCBS Provider	Manage Child Referral	Edit Child Case Page
		View and Respond to Referrals
		Discharge Service
	View Child Referral	View Child Case Page/Summary, Referral, and Statuses
	IRAMS Gatekeeper	Grant Portal Permission to Staff
Care Manager (HHCM/C-YES)	Manage Child Referral	Create and Manage/Edit Referrals
		Edit Child Case Page
		Discharge Service
	View Child Referral	View Child Case Page, Referral, and Statuses
	IRAMS Gatekeeper	Grant Portal Permission to Staff
Health Home (HH) & the Department of Health (DOH)	View Child Referral	View Child Referral

Overview of the HCBS Referral Portal

NEW YORK STATE | Department of Health

Referral Portal Overview

<u>Background</u>

Currently, HHCM/C-YES are required to complete a paper referral form to request HCBS for Children's Waiver members. This creates several barriers:

- No way for HHCMs to see real-time referral acceptances
- Phone tag between HHCM and HCBS Providers about referral status
- No CM access to waitlist information
- Lack of information transfer from the Referral form to the Authorization form
- Lack of communication regarding Frequency, Scope, and Duration (F/S/D)
- HHCM do not know what F/S/D was requested by the HCBS Provider

Referral Portal Overview

The Electronic Referral Portal has been developed within the Incident Reporting and Management System (IRAMS) to streamline the HCBS referral process through:
- Real-time access to referral status
- Editable Child Case Page with auto-filling information within the system
- Access to Agency and Statewide waitlist information

The previous IRAMS capacity survey and child waitlist will no longer be in service when the Referral & Authorization Portal goes live. Survey submissions should not be made, and Providers should clean up waitlist by reaching out to CMs to verify waitlists.

Next Steps:
- Once the Electronic Referral & Authorization Portal is launched on June 17, 2024, new HCBS referrals will be required to be submitted electronically
- An updated User Guide will be provided detailing how HHCM/C-YES and HCBS Providers should navigate the system
- System rules will be outline in a printable guide for users
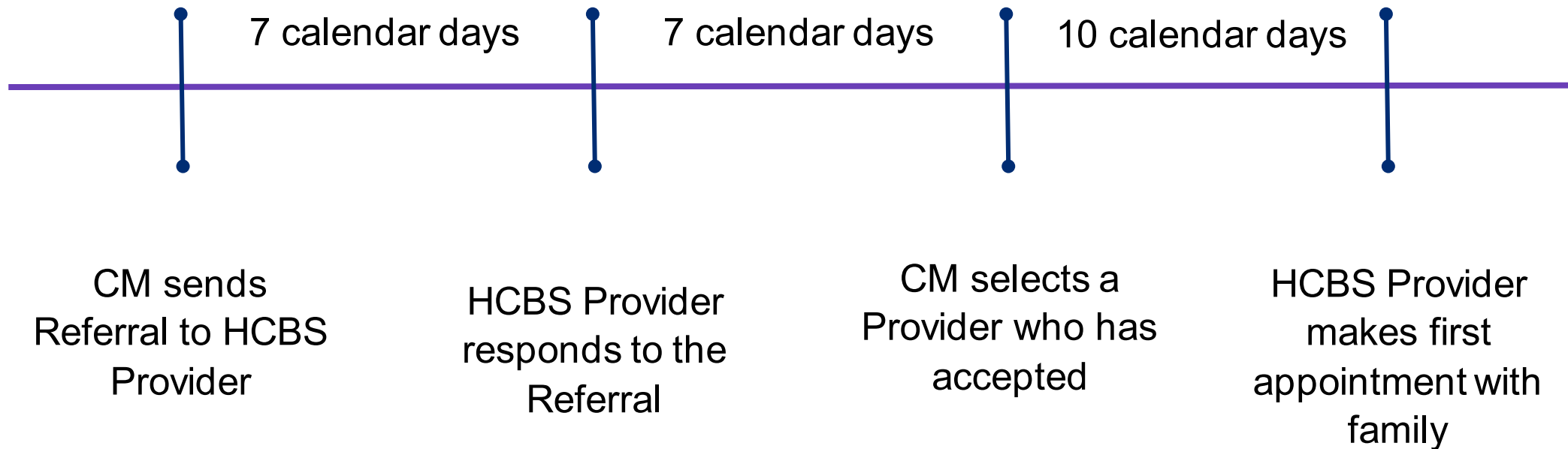
HCBS Referral Portal Process Flow

Definitions

Term	Definition
Agency	Pertains to HCBS Providers who will respond to referrals provide service for children/youth when appropriate
Care Manager (CM)	Pertains to Health Home Care Managers/Children and Youth Evaluation Services (HHCM/C-YES) who are responsible for creating and managing referrals
Referral	Request sent from care managers to HCBS Providers, for the HCBS Provider to determine whether they can serve the child/youth's needs
Agency waitlist	A list of children/youth 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
Statewide waitlist	A list of children/youth where HCBS Providers have indicated that they are currently unable to provide services. Care Management Agencies must monitor this waitlist
Child Case Page	Page containing PHI and full referral information for child/youth, Care Managers (CM) and Providers (referred to and/or serving the child/youth) can view and edit information
Child Summary Page	Summary page of child/youth information including CIN, DOB, and name, limited information viewable for historical purposes and in other circumstances

Referral Process Timeline

This timeline outlines the referral process beginning with the CM's delivery of the initial referral, followed by the HCBS Provider response, CM selection, and the first appointment.

7 calendar days   7 calendar days   10 calendar days

CM sends Referral to HCBS Provider

HCBS Provider responds to the Referral

CM selects a Provider who has accepted

HCBS Provider makes first appointment with family

All timeframes are dependent upon the last action taken and therefore may change

Referral Process Begins

- Once the child/youth is found HCBS eligible, the HHCM/C-YES develops a Plan of Care

  - o If immediate needs are identified, a Referral for HCBS should be made immediately and the first appointment should be scheduled

- If no immediate needs are identified, the services must begin **no later than 45 days** from the date of the signed and completed plan of care

  - o Health Homes/C-YES referrals should be made no later than within **30 days of HCBS enrollment/eligibility**

- ➤ When working with the child/youth/family in the development of the plan of care after HCBS Eligibility is determined, the CM will explain the services to meet the identified need(s) and the designated HCBS providers within the family's county and who provide the needed service – for the child/youth/family to chose their provider(s)

  - o The CM should explain potential capacity issues with chosen provider and discuss referrals to other HCBS providers, as other options

Completing a Referral

- HHCM/C-YES should make referrals as soon as a need is known and when services are identified

- Within the Electronic Referral Portal, the HHCM/C-YES will initially input the child/youth's information, schedule, family/guardian, and foster care/facility information into the system

    o The Portal mimics the paper Referral Form

- The HHCM/C-YES will select an appropriate HCBS and enter a description of the goals/needs to be addressed.

- The HHCM/C-YES will send the Referral to HCBS Provider(s) – who are in good standing, designated in the child/youth's county, and for the service needed

The HHCM/C-YES can update the Referral and or the Child's Case Page

Provider Response

- Upon receipt of the referral, referred HCBS Providers **must respond to the referral within 7 calendar days**; responses are to "accept", "waitlist", or "decline" the referral

  - o The response is made based upon the information provided in the referral and staffing availability

  - o An HCBS Provider can see a HCBS Child Summary up to **15 calendar days** after a referral action has occurred.

- If all HCBS Providers respond with "decline", the child/youth is moved to the Statewide waitlist

- If a Provider responds with "waitlist", the child/youth is placed the Agency's waitlist up to 90-day unless another action is taken

- The HCBS Providers may have a limited timeline to change the response while the referral is open

All timeframes are dependent upon the last action taken and therefore may change

Provider Selection

- Following the HCBS Provider response, the CM will receive an alert

- The CM can discuss the options with the child/youth/family, unless already knowing their choice, the CM **select a Provider within 7 calendar days**

- The HCBS Provider **will receive an email alert** from the system that they have been selected to provide the service to the child/youth

  o Other referred HCBS providers who were not selected, will receive an alert and will have limited access to the HCBS Child Summary page

- If selected, the Provider(s) has **10 calendar days** to schedule the first appointment with the child/youth and family

HCBS Referral Portal Examples

Member Information

When a HHCM/C-YES initiates an HCBS Referral for a child/youth within the **Electronic Referral Portal**, the system will create a ***Child Case Page.***

The *Child Case Page* will have:

- Demographic information and other specific member information to populate the HCBS Referral
- Specific fields that will be auto populated by the Uniform Assessment System (UAS), Medicaid Analytics Performance Portal (MAPP) Health Home Tracking System (HHTS), and Medicaid Data Warehouse

The *Child Record* will be viewable and consistent for the HHCM/C-YES and the HCBS Provider and will assist in populating the HCBS Referral and the Medicaid Managed Care Plan (MMCP) Authorization Form

HHCM/C-YES Enters Information on the Child Case Page

Overview

- **Child Case Page**
  - Medicaid Program Information
  - Child/Youth Information
  - Family/Guardian Information
  - Schedule and Activity Information
  - Foster Care / Facility Information
  - HCBS Eligibility Information

- Once HHCM/C-YES enters/reviews information in the Child Case Page, it is **stored in the system and will be pre-populated to applicable forms within the system requiring this information in the future**

- HCBS Providers can update/edit Child Case Page once selected in the referral process

Child Case Page

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

CIN, Member Name, Issue ID

Name	CIN	DOB	Age	Sex	Fiscal County
Child Name	XX12345X	10/09/2023	9	MALE	Washington

Child Case Information   HCBS Services

HCBS Eligibility

☑ **HCBS Enrollment**
K1 Code: 04/01/2021
KK Code: Not Active

Medicaid Program

Health Home	CMA	Managed Care Plan
ADIRONDACK HEALTH INSTITUTE INC	ADIRONDACK HEALTH INSTITUTE INC	CAPITAL DISTRICT PHYS HLTH PL
Address	Contact Phone	Residence County
101 Main Street	(555) 555-1212	Washington
Bronx, NY 10452		

☑ **Latest Assessment**
HCBS Eligibile
ADIRONDACK HEALTH
Outcome Date: 05/03/

Target Population
Serious Emotional Dist

Child Information
Complete   ⚡ Update

Designation County
Washington

Residence Address	Primary Diagnosis	Preferred Name
101 Any Street	Chronic Behavioral Health	Name
Albany, NY 12111		
Washington County	Languages	Pronouns
	English	He/Him
	Spanish	

☑ **Medicaid Expiration**
12/31/9999

☑ **Referral Eligibility**
Referrable

Family / Guardians
Complete   ⚡ Add Guardian   ⚡ Add Sibling

Father Person (Father)
Primary

101 Any Street   ✉ father@gmail.com
Albany, NY 12111   ☏ (555) 555-1212 ★
Lives with Child

Mother Person (Mother)

123 Another Street   ✉ mother@gmail.com ★
Albany, NY 12111   ☏ (555) 555-1213

Siblings

Sibling Name	CIN	HCBS?	Health Home?		
Brother Person	AA12345A	✓	✓	⚡	🗑
Sister Person		✓	✗	⚡	🗑

Schedule and Activity Information
Complete   ⚡ Update

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

Regular Appointments/Activities
No Regular Appointments/Programs are provided.

School Schedule M-F 7a-3p

Summer Schedule
No Summer Schedule is provided.

Foster Care / Facility   ⚡ Update

Voluntary Foster Care Agency (VFCA)   Current Facility

HHCM/C-YES Creates a Referral for each HCBS Requested and Designated HCBS Providers (1/4)

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.

✕ Cancel   Next: Create Referral →

The HCBS Referral Process begins with **selecting a service and clicking the "Create Referral" button**

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HHCM/C-YES Creates a Referral for each HCBS Requested and Designated HCBS Providers (2/4)

Service | Referral | HCBS Agencies | Review and Send

Select the HCBS service for referral and provide the information necessary for an HCBS Agency to evaluate the request.

Add a Service

Desired Goals/Needs to Be Addressed*

Describe the goal(s) of the service

Known Barriers and Strategies

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

Family Preferences

Preferences for staff gender/age/language, evening/weekend, time of day, etc.

Additional Comments

Additional comments about the service and family

✕ Cancel   Next: Search Providers →

Service information (i.e., desired goals/needs to be addressed) is included **to help an HCBS Provider evaluate the service request**

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HHCM/C-YES Creates a Referral for each HCBS Requested and Designated HCBS Providers (3/4)

Service   Referral   **HCBS Agencies**   Review 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	

X Cancel   Next: Review and Send →

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- All HCBS designated Providers for the <u>service</u>, in the <u>county</u> where the child/youth resides, and in <u>good standing</u> with the State are shown

- **One or more Providers can be referred by the HHCM/C-YES**

HHCM/C-YES Creates a Referral for each HCBS Requested and Designated HCBS Providers (4/4)

Service | Referral | HCBS Agencies | **Review and Send**

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

The HHCM/C-YES will **review and send the referral to the HCBS Providers**

✕ Cancel   **Send Referrals** ✈

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

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HCBS Providers Respond to Referrals

Referral Response ×

Caregiver/Family Advocacy and Support Services OPEN

Referral

Referral ID
1021

Referral Date
05/24/2024

Referred By
Families First in Essex County, Inc
Aaron Roe

Response
ACCEPT

Response Due
05/31/2024

Request Made
05/24/2024

Response Made
05/24/2024

Child Information

Name

Sex
MALE

Age
9

Service County
Washington County

HCBS Service Request

Desired Goals/Needs to Be Addressed

Lorem ipsum dolor sit amet, consectetuer 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**

- Providers **must respond to the referral within 7 calendar days of receipt**

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HCBS Providers Respond to Referrals

Caregiver/Family Advocacy and Support Services

REFERRAL

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

Actions

🔍 View Latest Referral

🕓 View Referral History

Referred Agencies

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

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Definitions of Accept, Waitlist, and Decline

- **Accept** indicates that the HCBS Provider is available to provide the designated service(s) to the child/youth

- **Waitlist** indicates that the HCBS Provider is not currently able to provide the designated service(s) to the child/youth, but they anticipate being able to serve them in the next 90 days

  o If the Provider selects this option, child/youth will move to the Agency waitlist

  o **Agency waitlist** describes a list of children/youth 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)

  o If all Providers decline the child/youth, the child/youth will move to the Statewide waitlist.

  o **Statewide waitlist** is a list of children/youth where HCBS Providers have indicated that they are currently unable to provide services

Electronic Referral 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 were declined or there is no designated Provider in the county	System
	DISCHARGED	An HCBS Provider discharged the participant from the service	HCBS
Referral	OPEN	There is an active referral where the child/youth is waiting for: 1) an HCBS Provider to respond to the referral, 2) the CM to select a Provider, or 3) the child/youth 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 child/youth 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

List of Outstanding Referrals From HHCM/C-YES

The Child Summary Page displays the alerts and current statuses

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HHCM/C-YES Selects an HCBS Provider

Child Case Information   **HCBS Services**

HCBS Services

Crisis Respite

ACCEPT

Requested Agencies

+ Add Agency

Northeast Parent & Child Society, Inc.   **DECLINE**

Request Made	Response Due
05/24/2024	05/31/2024
Response Made	Expiration Date
No Response	06/15/2024

St Catherine's Center for Children   **NO RESPONSE**

Request Made	Response Due
05/24/2024	05/31/2024
Response Made	Expiration Date
No Response	06/15/2024

↺ Withdraw

CAPTAIN Community Human Services   **WAITLIST**

Request Made	Response Due
05/24/2024	05/31/2024
Response Made	Expiration Date
No Response	06/15/2024

↺ Withdraw

Families First in Essex County, Inc   **ACCEPT**

Request Made	Response Due
05/24/2024	05/31/2024
Response Made	
05/24/2024	

↺ Withdraw   ☑ Select Agency

REFERRAL

Response Due
10/07/2023

✉ Manage Response

HCBS Providers that have accepted the referral can now be selected by the CM to begin the HCBS process

* Note: HCBS Providers will receive an email/alert once the HHCM/C-YES has selected the HCBS Provider who accepted the referral

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Emails/Alerts in the System

HHCM/C-YES and HCBS Providers will **receive emails and alerts indicating various status changes that occur and that the specific HHCM/C-YES or HCBS Provider needs to be aware**

Emails will include:

- Information about new referrals

- A Daily Digest (Providers will have the ability to turn this on/off) which will contain:

  o CMA selections available, due within 3 days, or late
  o HCBS responses due within 3 days, expiring in 3 days, or late
  o Waitlists expiring within 10 days
  o Counts of Statewide waitlist
  o Counts of Agency waitlist

Alerts on Child Records (response, selection, expiration) will include:

- Late action

- Action due soon

- Expiring record

Next Steps

<u>Step 1: Referral Portal Process:</u>

Referrals to new providers are the only process changing with the initial Referral & Authorization Portal system release = June 17, 2024

<u>Step 2: Transfer Of Existing Served Children/Youth Process:</u>

A streamlined referral process will be included in an upcoming release of the Referral & Authorization Portal, which will allow for CMs and HCBS Providers to verify active child/youth receiving HCBS with specific provider(s)

<u>Step 3: Authorization Process:</u>

Authorizations will remain consistent with the existing paper process until a future release of the Referral & Authorization Portal
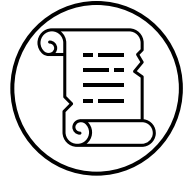
Q&A

For additional questions on the HCBS Referral Portal, please reach out to [Health Homes](#) with a subject line of "IRAMS Questions only- No PHI"

A Referral Portal User Guide is coming soon

[Click here](#) for the IRAMS page on DOH website

NEW YORK STATE | **Department of Health**

Referral Process Timeline

Referral Process Begins

- Once the child/youth is found HCBS eligible, the HHCM/C-YES develops a Plan of Care
  - If immediate needs are identified, a Referral for HCBS should be made immediately and the first appointment should be scheduled
- If no immediate needs are identified, the HCBS must begin **no later than 45 days** from the date of the signed and completed plan of care
  - Health Homes/C-YES referrals should be made no later than within **30 days of HCBS enrollment/eligibility**
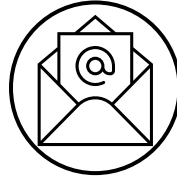
Completing a Referral

- HHCM/C-YES should make referrals as soon as a need and when services are identified
- Within the Electronic Referral Portal, the HHCM/C-YES will initially input the child/youth's personal, schedule, family/guardian, and foster care/facility information into the system
- Beginning the referral, the HHCM/C-YES will select an appropriate HCBS, enter a description of the goals/needs to be addressed.
- The HHCM/C-YES will then send the referral to the chosen HCBS Providers
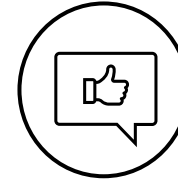
Provider Response

- Upon receipt of the referral, HCBS Providers **must respond to the referral within 7 calendar days.** Possible responses are to "accept", "waitlist", or "decline" the referral
  - The response is made based upon the information provided in the referral and staffing availability
  - Non-responses **will expire 15 days after the due date**
- If all HCBS Providers respond with "decline", the child/youth is moved to the Statewide waitlist
- If a Provider responds with "waitlist", the child/youth **is placed on the 90-day Agency waitlis**t. The HCBS Providers may have a limited timeline to change the response while the referrals is open
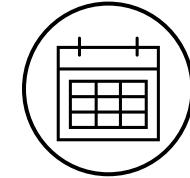
Provider Selection

- Following the HCBS Provider response, the CM will receive an alert, discuss the options with the child/youth/family, unless otherwise already known and **select an HCBS Provider within 7 calendar days**
- The HCBS Provider **will receive an alert** from the system that they have been selected to provide the service to the child/youth
- If selected, the Provider(s) has **10 calendar days** to schedule the first appointment with the child/youth and family

All timeframes are dependent upon the last action taken and therefore may change