

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

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SECTION 1 – SYSTEM 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 access the system, users can either search the applications within HCS or navigate to this link: <https://increp.health.ny.gov/>.

Each agency/organization’s HCS Coordinator has the responsibility and authority to request and manage HCS accounts via the Communications Directory. The HCS Coordinator will assist users in requesting a valid HCS ID for their organization if necessary.

Each agency/organization should have an IRAMS Gatekeeper. The IRAMS Gatekeeper is responsible for adding staff and granting the appropriate permissions/roles to each staff member.

Browser Compatibility

The Children’s HCBS Referral and Authorization Portal is compatible with Google Chrome, Microsoft Edge, and Mozilla Firefox. The Children’s HCBS Referral and Authorization Portal application is not compatible with Microsoft Internet Explorer.

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.

A. Organization Selection

Following the Health Commerce System (HCS) login, the user will select the IRAMS program from the list of all programs within the HCS or in “My Applications” after adding to their listing of programs. Staff will follow prompts for Multi-Factor Authentication (MFA) to access the portal.

When entering IRAMS, staff will see “Organization Select” screen, prompting them to identify their organization type if the user has more than one organization type (line of business) with IRAMS permissions. User roles are determined by HCS and effect which systems are viewable in the application. In addition, specific features are available or hidden in accordance with the organization type; for example, Department of Health will be able to extract reporting for all organizations’ HCBS referral status reporting, but providers will only be able to extract a report from their own agency’s reporting.

Organization Select

Select the organization for your session. You may create and view issues for that organization.

Org Type	Org Name
<input type="radio"/> Children's Service Provider	Abbott House (131991946)
<input type="radio"/> Children's Service Provider	MercyFirst (111635089)
<input type="radio"/> Children's Service Provider	SKIP of New York Inc. (133236869)
<input type="radio"/> Care Management Agency	ABBOTT HOUSE INC (02996490)
<input type="radio"/> Care Management Agency	MERCYFIRST (00327766)
<input type="radio"/> Care Management Agency	NORTH SHORE UNIVERSITY HOSPITAL (03457054)
<input type="radio"/> Children and Youth Evaluation Service	Children and Youth Evaluation Service
<input type="radio"/> Department of Health	Department of Health
<input type="radio"/> Health Home	GREATER BUFFALO UNITED IPA (03489287)
<input type="radio"/> Health Home	NORTH SHORE UNIVERSITY HOSPITAL (03457054)

Continue ->]

II. Permissions and Roles Home Screens

The IRAMS Gatekeeper role can add staff members, grant, and revoke permissions to the roles available in the system which provide access to specific system features. This provides a level of security for the providers by ensuring users have access to specific roles associated with their responsibilities. The IRAMS Gatekeeper should assign staff members the appropriate roles. Care Managers should not have HCBS provider roles and HCBS providers should not have Care Manager roles. Every agency must have at least one IRAMS Gatekeeper. Based on the user's role and permissions, home page screen and functionalities will vary.

Note: If your agency has not provided a contact for the IRAMS Gatekeeper role, please do so by using [this link](#) to request the gatekeeper role. If your organization's IRAMS Gatekeeper is unknown, please email [Health Homes](#) with a subject line of "IRAMS Questions only – No PHI".

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
View Child Referral	View Child Case Page, Referral, 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 Child Referral	View Child Case Page, Referral, and Statuses
IRAMS Gatekeeper	Grant Portal Permissions to Staff

Health Home & DOH Roles	Permissions
View Child Referrals	View Child Referral

SECTION 2 – REFERRAL PROCESS

I. Prior to Making a Referral

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

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

Referrals **cannot be created** for children/youth in the following circumstances:

- Children/youth with expired HCBS Eligibility
- Children/youth without or expired Medicaid
- Children/youth without or expired K Codes

If a child/youth's eligibility status changes (i.e., loses Medicaid, disenrolls from the Waiver, etc.), the system will not automatically close/withdraw a referral for the child, but an alert will

show in the system indicating the child/youth's circumstances (i.e., no Medicaid, no K1, etc.).

- HCBS providers cannot serve a child/youth 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 child/youth's circumstances.

If a child/youth has transferred Care Management Agencies, the new CMA will inherit the child/youth'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 child/youth'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 child/youth's referrals going forward
- The new care manager will not receive a notification within the Referral and Authorization Portal indicating that a child/youth has been transferred to their agency, however any action needed on the case will appear in the new Care Manager's Daily Digest email

The screenshot shows a child/youth profile with the following details:

- HCBS Enrollment:** Serious Emotional Disturbance, K1: 07/01/2021 - 12/31/9999, KK: Not Active. A green checkmark is next to the header.
- Latest Assessment:** HCBS Eligible, ADIRONDACK HEALTH INSTITUTE INC., Outcome Date: 07/11/2022. A green checkmark is next to the header.
- Medicaid Expiration:** 12/31/9999. A green checkmark is next to the header.
- Age:** 12
- Sex:** MALE
- Fiscal County:** Washington County
- HCBS Designated County:** Washington County

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

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

Example of a red minus sign: In this case, the child/youth is not currently enrolled in HCBS and therefore a referral cannot be created (see error message).

The screenshot shows a child/youth profile with the following details:

- HCBS Enrollment:** Serious emotional Disturbance, K1: Not Active, KK: Not Active. A red minus sign is next to the header.
- Latest Assessment:** HCBS Eligible, PARSONS CHILD AND FAMILY CENTER, Outcome Date: 09/25/2020. A green checkmark is next to the header.
- Fiscal County:** Washington County
- HCBS Designated County:** Washington County

Below the profile, there is a section for **HCBS Services** with a red warning triangle and the message: "To create a referral the child must be referral eligible, and have all required case information added".

II. Child Case Page

The Child Case Page provides basic information about the child/youth 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 child/youth and family.
- The Child Case Page is automatically created in the Referral and Authorization Portal after an HCBS Eligibility Determination is finalized in the Uniform Assessment System (UAS) by a HH/C-YES Care Manager.
- Items that are not prepopulated but are applicable to the child/youth must be filled out by a HHCM/C-YES. The Child Case Page must be complete before an HCBS referral can be submitted.

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

Below is what users will see when first viewing an initial Child Case Page:

Name Child Name	CIN [REDACTED]	DOB [REDACTED]	Age 15	Sex MALE	Fiscal County Saratoga
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Child Case Information
HCBS Services

Medicaid Program

<p>Health Home THE COLLABORATIVE FOR CHILDREN AND</p> <p>Address 339 DAHIL ROAD BROOKLYN, NY 11218</p>	<p>CMA HAND IN HAND DEVELOPMENT INC</p> <p>Contact Phone (718) 434-5039</p>	<p>Managed Care Plan UNITED HEALTHCARE OF NY INC</p> <p>Residence County New York City</p>
--	---	--

Child Information [Edit](#)

⚠ Primary Diagnosis, Residence Address and Primary Language are required

<p>Residence Address Not Specified</p> <p>Contact Info Not Specified</p>	<p>Primary Diagnosis Not Specified</p> <p>Languages Not Specified</p>	<p>Preferred Name Not Specified</p> <p>Pronouns Not Specified</p>
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Family / Guardians [Add Guardian](#) [Add Sibling](#)

⚠ At least one guardian is required

There are no Guardians listed. There are no Siblings listed.


Schedule and Activity Information [Edit](#)

⚠ School/Vocational Attendance is required

School/Education/Extracurricular
School/Vocational attendance is not specified.

A. Child/Youth Information

Click the blue update icon in the corner of the screen to fill out/update the child/youth's information.

Child Information			 Update
Residence Address 101 Any Street Albany, NY 12111 Saratoga County	Primary Diagnosis Chronic Stress and Anxiety Diagnoses	Preferred Name Child	
	Languages English Spanish	Pronouns He/Him	

Child Information

Street Address*

City*

State*

Zip Code*

HHCM/C-YES are required to fill out the child/youth's residence including street address, city, state, and zip code.

Child Information

Primary Diagnosis Description

Primary Diagnosis Description*

Please describe the primary diagnosis that qualifies the child for HCBS services.

Contact Information

Email

Phone

HHCM/C-YES are required to fill out the child/youth's primary diagnosis description, which captures the diagnosis that impacts the services that will be requested for the child/youth.

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

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

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

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

B. 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 child/youth's weekly schedule to help plan for their needed services.

The HHCM/C-YES can update the child/youth's schedule and activity information by pressing the "Update" button.

Child Schedule ×

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

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

▼

School/Education/Extracurricular

Enter any recurring schedules based on school or after-school programs.

Regular Appointments/Activities

Enter any recurring schedules based on appointments, activities, or services.

The HHCM/C-YES must enter the schedule for the child/youth's school, education, and extracurriculars. As much information as is known should be provided, including days and times for each program.

Note that it is helpful to list any regularly scheduled appointments or activities for the child/youth.

The HHCM/C-YES can enter the schedule for the child/youth's regular appointments or other activities that fall outside of their school or extracurriculars if applicable. As much information as is known should be provided, including days and times for each appointment/activity.

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

Summer Schedule

Enter any scheduling differences for the summer.

× Cancel
Save

The HHCM/C-YES can enter the summer schedule for the child/youth if applicable. This can include regular summer activities such as sports practices as well as a summer school schedule if the child/youth is enrolled in summer school. As much information as is known should be provided, including days and times.

Once the HHCM/C-YES has confirmed that all information regarding the child/youth'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 populate in the system the next time the HHCM/C-YES logs in. Further updates can be made if needed.

C. Child/Youth’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 Parent/Guardian

Parent/Guardian

Name*

Relationship*

Is this guardian a primary contact?*

Does the child reside with this guardian?*

Contact Information

Email

Phone*

Preferred Contact Method

Residence Address

Street Address*

City*

State*

Zip Code*

Save Cancel

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

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

Edit Parent/Guardian

Parent/Guardian

Name*

Relationship*

Is this guardian a primary contact?*

Does the child reside with this guardian?*

Contact Information

Email

Phone*

Preferred Contact Method

Residence Address

Street Address*

City*

State*

Zip Code*

Save Cancel

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

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

Edit Sibling

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

Name*

CIN (if known)

Does this sibling receive HCBS services?*

Yes No

Is this sibling in a Health Home?*

Yes No

Save Cancel



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

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

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

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

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

 Edit/Add
 Delete

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

D. Foster Care/Facility Information

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

Foster Care / Facility

Foster Care

Is the child in foster care:

Voluntary Foster Care Agency (VFCA)*
Astor Services for Children and Families

Name of Saratoga County LDSS Representative*
Mary Jones

Email of Saratoga County LDSS Representative*
mary.jones@saratoga.gov

Name of Medical Consenter*
Bob Smith

Facility

Is the child currently in a facility:

Current Facility*
 Hospital
 Nursing Home
 Residential Placement

Latest Facility Admission
09/11/2023

Expected Discharge
09/30/2023

Save × Cancel

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

HHCM/C-YES should indicate if a child/youth is in foster care using the sliding bar/toggle function. If a child/youth is placed at a Voluntary Foster Care Agency (VFCA), the HHCM/C-YES must select their VFCA from a drop-down menu.

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

Since CMs can conduct the HCBS Eligibility Determination for a planned discharge and get children/youth connected with services before discharge, the CM may complete a referral for a child/youth in a facility. The Care Manager will only need to fill in Facility Information if the child/youth is in a facility at the time the referral is made. When the child/youth is discharged from the facility, the facility toggle will need to be turned off.

Note: Once the HCBS provider has been approved to begin providing services to the child, they will have the ability to update all information in the Child Case Information page **EXCEPT** for the child/youth'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 child/youth'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.

III. Making a Referral

A. Choosing an HCBS

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

The screenshot shows the 'HCBS Service Referral' form. At the top, 'Child Information' is displayed with fields for Name (Child Name), Sex (MALE), Age (9), and Service County (Washington County). Below this is a navigation bar with tabs for 'Service', 'Referral', 'HCBS Agencies', and 'Review and Send'. The main section is titled 'Add an HCBS service to the child's case file.' and contains an 'Add a Service' section with a dropdown menu for 'HCBS Service*'. The dropdown menu is highlighted with a red box, and a red arrow points from it to a text box that reads: 'The HHCM/C-YES will choose an HCBS service from the drop-down Menu.' To the right of the dropdown menu is a 'Cancel' button and a purple 'Next: Create Referral' button with a right-pointing arrow. This button is also highlighted with a red box, and a red arrow points from it to a text box that reads: 'Click the purple "Next: Create Referral" button to move on to the next step in the referral process.'

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

> [User Icon] [Edit Icon] [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: 1 (1 Days) Referral: 0 Active: 1
 1 responses due by 06/17/2024

B. Entering Service Specific Details

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

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 →

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

These three sections are intended to allow HHCM/C-YES to provide any additional information regarding the child/youth's service needs to help HCBS Agencies determine if they will be able to provide the specified service. These fields must be completed when there is information to share.

Once the fields have been filled out, the HHCM/C-YES will be able to click the purple "Next: Search Providers" button to save the referral information and move on to the next step.

C. Choosing HCBS Agencies

The HHCM/C-YES will choose HCBS Agencies to receive the referral. Only agencies in good standing who are designated for the requested service in the county where the child/youth resides will be eligible to receive a referral. If there are no designated providers in good standing in the child/youth's county, the Care Manager can place the child/youth 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 child/youth's county.

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

X Cancel Next: Review and Send →

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

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

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

D. Review and Submission

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

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

Service Referral HCBS Agencies Review and Send

Review and send the referrals to the selected HCBS Agencies. The agencies will have 3 business days to respond to your request.

Referral Details

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

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

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

IV. HCBS Provider Reviews & Responds to a Referral

A. HCBS Provider Reviews a Referral

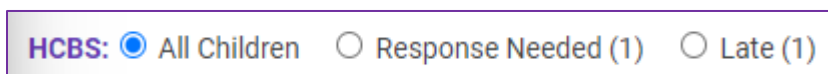
This section shows what an HCBS provider will see once they receive a referral and outlines how they can respond to the referral. The HCBS provider will know they have a referral waiting for them because the Referral and Authorization Portal will send a [notification email](#) to the HCBS provider once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

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 child/youth 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.



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”.



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 child/youth 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 child/youth 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 child/youth’s HCBS Child Summary page after 15 calendar days

B. HCBS Provider Responds to a Referral

To respond to the referral, the HCBS provider clicks “View Latest Response”.

The screenshot shows the 'HCBS Services' section of a software interface. At the top, there are tabs for 'Child Case Information' and 'HCBS Services'. Below this, the title 'Caregiver/Family Advocacy and Support Services' is displayed, along with a 'DISCHARGED' button. The main area contains a referral card with the following details:

- Referral ID: 1083
- Referred By: HAND IN HAND DEVELOPMENT INC
- Referral Date: 06/06/2024
- Selection Date: 06/07/2024
- Status: CLOSED

Below the referral card is a table of 'Referred Agencies':

Agency	Response Due	Response Made	Expiration Date	Status
Abbott House	06/13/2024	06/07/2024		SELECTED

On the right side, there is an 'Actions' panel with three buttons: 'View Latest Referral', 'Print Latest Referral', and 'View Referral History'.

After the HCBS provider clicks “View Latest Response”, the page below will pop up and this is where the HCBS provider can review the Child Case Page as well as the referred service. 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”.

The screenshot shows a 'Referral Response' modal window. At the top, there is a title bar with 'Referral Response' and a close button. Below this, the title 'Caregiver/Family Advocacy and Support Services' is displayed, along with an 'OPEN' button. The main area contains a referral card with the following details:

- 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

Below the referral card is a section for 'Child Information':

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

Below the child information is a section for 'HCBS Service Request' with three columns:

- 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

At the bottom of the modal, there are three buttons: 'Accept', 'Waitlist', and 'Decline'. A red box highlights these buttons, and a red arrow points from a text box to the 'Accept' button.

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 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.
 - If the provider selects this option, child/youth will move to the Agency Waitlist.
 - **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).
 - If all Providers decline the child/youth, the child/youth will move to the Statewide Waitlist.
 - **Statewide Waitlist** is a list of children/youth where HCBS providers have indicated that they are currently unable to provide services.

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.

Caregiver/Family Advocacy and Support Services ACTIVE

Referral ID	Referred By	Referral Date	Selection Date	
1083	HAND IN HAND DEVELOPMENT INC	06/06/2024	06/07/2024	CLOSED

Agency	Response Due	Response Made	Expiration Date	Status
Abbott House	06/13/2024	06/07/2024		SELECTED
Alley Valley	06/13/2024		06/22/2024	NO RESPONSE

Actions: View Latest Referral, Print Latest Referral, View Referral History, Discharge Child

Child Case Information HCBS Services

HCBS Services

Crisis Respite REFERRAL

ACCEPT Response Due 10/07/2023

[Manage Response](#)

In this example, the HCBS provider accepted the referral so the status under the referred service has changed to a green “accept” icon.

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 child/youth will be moved to the Statewide Waitlist overnight following the expiration of all remaining open requests. The child/youth will not be removed from the Statewide Waitlist until the Care Manager selects an HCBS provider or closes the referral.

- If the HCBS provider responded to the referral with “waitlist,” the child/youth 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 child/youth, the child/youth 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 child/youth on their Agency Waitlist, but another provider who accepted the referral was then selected by the Care Manager, the child/youth 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.

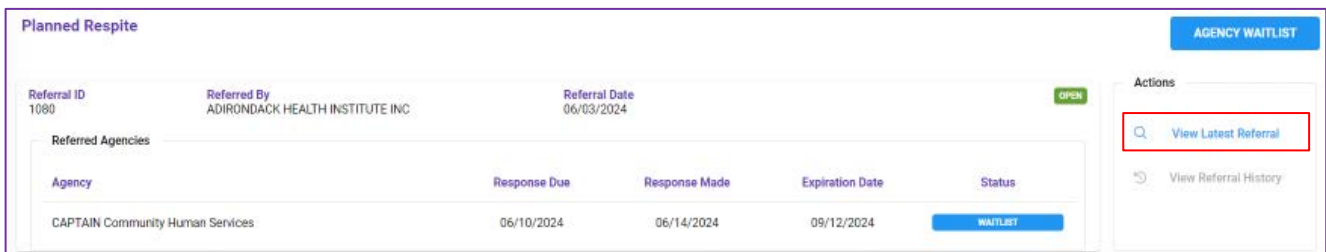
After being selected by the care manager to provide the services, the HCBS provider will have the ability to download the referral from the system to a PDF format.

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

C. Removing a Child/Youth from the Agency Waitlist

To remove a child/youth 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 child/youth they wish to remove by clicking on “View Latest 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 Mallory, Jaydon	Sex MALE	Age 9	Service County Washington County
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HCBS Service Request

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

Accept
 Waitlist
 Decline

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

Confirm Decline X

Please select a reason for declining the referral for Planned Respite

Select Reason v

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

Planned Respite STATEWIDE WAITLIST

Referral ID 1080 **Referred By** ADIRONDACK HEALTH INSTITUTE INC **Referral Date** 06/03/2024 OPEN

Referred Agencies

Agency	Response Due	Response Made	Expiration Date	Status
CAPTAIN Community Human Services	06/10/2024	06/14/2024	06/29/2024	DECLINE

Actions

- [View Latest Referral](#)
- [View Referral History](#)

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

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

V. HHCM/C-YES Views the Referral Response

A. Care Manager Views the HCBS Provider’s Response

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

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

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

The screenshot displays a web interface for a referral. At the top, it says 'Caregiver/Family Advocacy and Support Services' and 'REFERRAL'. Below this, there are fields for 'Referral ID' (1021), 'Referred By' (ADIRONDACK HEALTH INSTITUTE INC), 'Referral Date' (05/24/2024), and 'CMA Selection Due' (05/31/2024). A green 'OPEN' toggle is visible. On the right, there are 'Actions' like 'View Latest Referral' and 'View Referral History'. The main part of the screen is a table of 'Referred Agencies' with columns for Agency, Response Due, Response Made, Expiration Date, and Status. A red box highlights the 'Status' column, showing four buttons: 'DECLINE' (red), 'NO RESPONSE' (purple), 'WAITLIST' (blue), and 'ACCEPT' (green).

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

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

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

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

HCBS Child Summary

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

CIN, Member Name

Child Listing Filters

Designated County

Managed Care Plan

CMA

Health Home

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

B. Care Manager Selects the Agency

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

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

CMA: All Children Selection Needed (1)

Referral Details ×

Child Information

Name [REDACTED]	Sex MALE	Age 9	Service County Washington County	HCBS Service Crisis Respite
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HCBS Service Referral

Desired Goals/Needs to Be Addressed*

Goals

Known Barriers and Strategies

Strategies

Family Preferences

Preferences

Additional Comments

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

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

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

Once the Care Manager selects the HCBS provider, the service becomes active in the Portal:

Planned Respite ACTIVE

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

[View Documents](#)

Following selection of an HCBS provider,

- The selected HCBS provider will receive an email alert from the system that they have been selected to provide the service to the child/youth.
- 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 child/youth 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 child/youth or if they have an open, unexpired referral with the child/youth.

The Child Summary Page displays the alerts and current statuses.

The screenshot shows the 'HCBS Child Summary' interface. At the top, there are filters for HCBS (All, No Response (2), Late (2)) and CMA (All, No Selection (1), Late (1)). A search bar for 'CIN, Member Name' is present. Below the filters, there are two child entries. Each entry includes fields for CIN, HH (Adirondack Health Institute Inc), DOB, CMA (Adirondack Health Institute Inc), County (Washington), and MCO (Capital District Phys Hlth Pl and Fidelis Care). Status indicators like 'HCBS Response Late', 'Not HCBS Eligible', and 'No K1' are shown. On the right, summary statistics for 'Waitlist', 'Referral', and 'Active' are displayed, along with a '10 Days' timer and a note '1 responses due by 06/10/2024'.

A summary of each referral sent will be available for Care Managers and HCBS providers – only if they have been selected – to download from the system in PDF format. To save a PDF, users will select “Print Latest Referral”. Then choose “Print” and save the file as a PDF.

The screenshot shows the 'Planned Respite' page. At the top right, there is an 'ACTIVE' button. The main content area includes a referral summary with fields for Referral ID (1143), Referred By (HAND IN HAND DEVELOPMENT INC), Referral Date (06/10/2024), and Selection Date (06/10/2024). Below this is a table of 'Referred Agencies' with columns for Agency, Response Due, Response Made, Expiration Date, and Status. The table shows one entry for 'Abbott House' with a 'SELECTED' status. On the right, there is an 'Actions' menu with options: 'View Latest Referral', 'Print Latest Referral' (highlighted with a red box), 'View Referral History', and 'Discharge Child'.

The screenshot shows a PDF printout header. At the top left, there is a 'Print' button. The main text reads: 'New York State Department Of Health', 'Children's HCBS Referral Form', and 'PLANNED RESPITE'.

VI. Discharge Process

HCBS providers or Care Managers may discharge a child/youth from a service by following these steps:

In the HCBS Services section, find the service that the user wants to discharge the child/youth from and select “Discharge Child”.

Crisis Respite ACTIVE

Referral ID: 1020 Referred By: ADIRONDACK HEALTH INSTITUTE INC Referral Date: 05/29/2024 Selection Date: 06/03/2024 CLOSED

Referred Agencies

Agency	Response Due	Response Made	Expiration Date	Status
Families First in Essex County, Inc	06/10/2024	06/03/2024		SELECTED
Families First in Essex County, Inc			06/18/2024	WITHDRAWN
Families First in Essex County, Inc		05/29/2024	06/18/2024	WITHDRAWN

Actions

- View Latest Referral
- Print Latest Referral
- View Referral History
- Discharge Child**

After clicking “Discharge Child” the following screen will prompt the user to select a reason for discharge.

Confirm Discharge

Please specify the reason for the discharge

Select Reason

- Child disenrolled from HCBS waiver
- Family Choice
- Service completed during initial period
- Service goals accomplished

Users will select the reason for the discharge from the dropdown.

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

Discharge Reason	Service Status
Service completed during initial period	Service Complete
Service goals accomplished	Service Complete
Service not appropriate	Service Complete
Family requests another provider	New Referral Required
Gender specific staff not available	New Referral Required
Insufficient expertise for service	New Referral Required
Insufficient staff 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

After selecting the discharge reason, users will confirm the discharge by pressing the “Discharge” button.

Confirm Discharge ✕

Please specify the reason for the discharge

Family Choice

Status : Service Complete

Cancel Discharge

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

After discharging the child/youth from the service, users will see that the service status has changed to a gray box reading “Discharged” indicating the service was successfully discharged.

Crisis Respite DISCHARGED

Referral ID: 1020 | Referred By: ADIRONDACK HEALTH INSTITUTE INC | Referral Date: 05/29/2024 | Selection Date: 06/03/2024 CLOSED

Agency	Response Due	Response Made	Expiration Date	Status
Families First in Essex County, Inc	06/10/2024	06/03/2024		SELECTED
Families First in Essex County, Inc			06/18/2024	WITHDRAWN
Families First in Essex County, Inc		05/29/2024	06/18/2024	WITHDRAWN

Actions: View Latest Referral, Print Latest Referral, View Referral History

A. Viewer & Discharge Permissions

When a child/youth 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 child/youth but will not be able to see updated information for the child/youth after discharge.

While both Care Managers and HCBS providers can perform discharges, Care Managers

should handle discharges when the child/youth disenrolls from the waiver and HCBS provider should handle discharges when the child/youth discharges from service(s) or the specific HCBS Agency.

VII. System Notifications

A. Daily Digest Emails

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

Example of a Daily Digest email sent to an HCBS provider:

New York State: Incident Reporting and Management System

HCBS Daily Digest

Below is your HCBS Referral summary for **6/5/2024**.

CMA Selections Ready

[View Referral](#) Due: 6/10/2024

Response Alerts

[View Referral](#) Due: 6/6/2024

[View Referral](#) Due: 6/4/2024 (Late)

Agency Waitlist Expirations

[View Referral](#) Expiring: [6/8/2024](#)

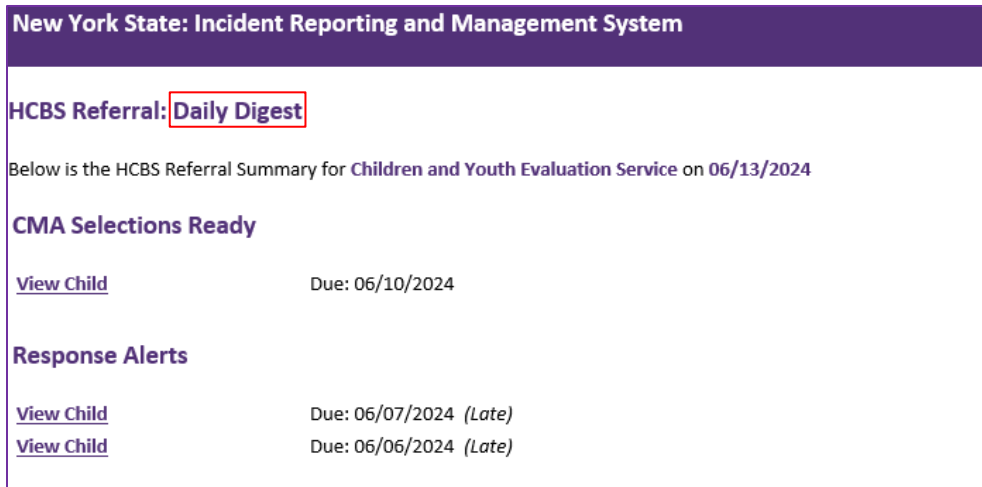
Waitlist Volume

Statewide Waitlist	20 children
Agency Waitlist	5 children

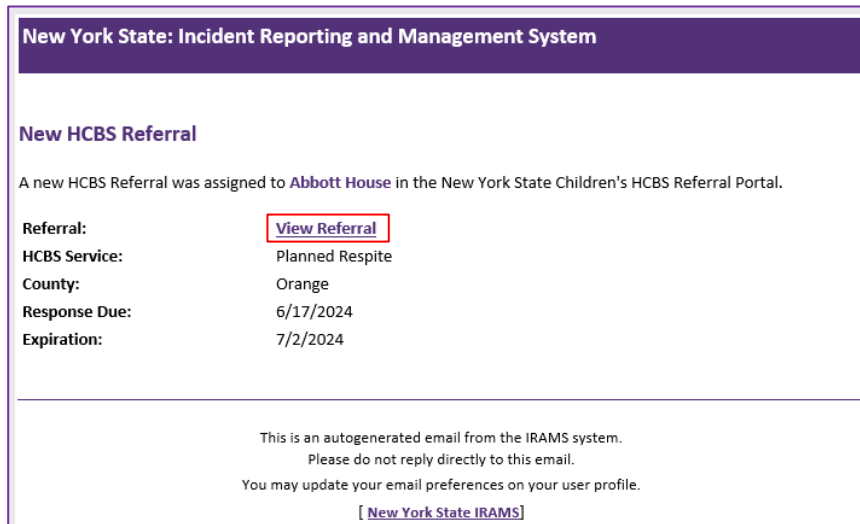
This is an autogenerated email from the IRAMS system.
Please do not reply directly to this email.
You may update your email preferences on your user profile.
[\[New York State IRAMS \]](#)

- HCBS providers 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 Agency Waitlist
- Alerts on Child/Youth Records within the system will include:
 - Late action
 - Action due soon
 - Expiring record

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



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



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



SECTION 3 – HCBS Authorization Process

Coming Soon

The HCBS Referral and Authorization Portal will include functionality to allow submission of HCBS Authorizations electronically in the future. Currently, HCBS Authorizations should continue to be processed outside of the HCBS Referral and Authorization Portal in alignment with the [HCBS Plan of Care Workflow Policy](#). Information on electronic submissions of HCBS authorizations will be released at a later date.

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 of 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:

https://www.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 in to HCS once created to make your account active.

II. IRAMS

You can access IRAMS with this link: <https://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
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.
HCBS Child Summary	Summary page of child/youth information including CIN, DOB, and name, limited information viewable for historical purposes and in other circumstances .

Referral & 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 is no designated Provider in the county	System
	DISCHARGED	An HCBS provider or CM discharged the child/youth from the service	Agency/CM
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