



**Department
of Health**

State Discussion with Children's Waiver HCBS Providers

August 21, 2024

Agenda

- ✓ Staff Compliance
- ✓ HCBS Referral and Authorization Portal
 - Process Reminders
 - New System Features
 - Short-Form Connection Process
 - User Guide Updates
 - Next Steps
 - Survey Feedback
- ✓ Respite Group of Two & Rural Rates Announcement
- ✓ Documentation Policy

Staff Compliance

Staff Compliance Tracker Requirements

- The Staff Compliance Tracker is located within the Incident Reporting and Management System (IRAMS) platform in the Health Commerce System (HCS)
- HCBS providers and Health Home/C-YES care managers must be entered within the Staff Compliance Tracker to verify REQUIRED background checks, provider clearance, and training to serve HCBS members.
- This is a Children's Waiver requirement and performance measures that are reported yearly to the Centers for Medicare and Medicaid Services and that NYS must follow.

Staff Compliance – Entering Information

- HCBS providers and HH/C-YES agency Human Resources or other agency staff that monitor training, background checks, and other compliance requirements, must have access to the Staff Compliance Tracker
- All new hires information and changes with existing staff, **MUST** be entered into the Staff Compliance Tracker within:
 - **30 days from date of hire or background check completion** (whichever occurs later)
 - **30 days** from a staff person leaving the agency or no longer performing HCBS
 - Any updates to training should be reported within **30 days of training completion.**
- Staff were required to report all HCBS staff compliance information for the 23-24 Waiver Year into IRAMS **by June 15, 2024.**
- Providers that were not in compliance for the 23-24 Waiver Year related to staffing received an outreach email from DOH detailing next steps.
 - These providers must follow the directions outlined in the document and excel sheet provided via email and submit the updated spreadsheet to KidsHCBSCaseReview@health.ny.gov by August 15, 2024.
 - **Agencies who have not yet submitted this documentation are OUT OF COMPLIANCE and at risk of being de-designated.**

Staff Non-Compliance Notice

Audits of Staffing Compliance information will occur in the coming months.

AGENCIES WITH STAFF OUT OF COMPLIANCE MUST TAKE THE ADDITIONAL FOLLOWING ACTIONS:

1. Any staff who are currently providing services who have not completed background checks and other clearance checks must **immediately halt service provision** until any required background checks are cleared
2. Any staff who are currently providing services who have not completed Mandated Reporter Training **must immediately halt service provision** until the [OCFS Mandated Reporter Training](#) has been completed.
3. Any staff who are currently providing services who have been employed by the agency for at least 6 months who have not completed the required HCBS Trainings (Personal Safety/Safety in the Community, Strength Based Approaches, Suicide Prevention, Domestic Violence Signs and Basic Interventions, and Trauma Informed Care) must complete these trainings **within 30 calendar days** of notice receipt. If trainings are not completed within 30 calendar days, these employees **must halt service provision** until such time that all required trainings are completed.

Staff Non-Compliance Notice

AGENCIES WITH STAFF OUT OF COMPLIANCE MUST TAKE THE ADDITIONAL FOLLOWING ACTIONS:

4. The agency must review staff qualification information in Staff Compliance Tracker for the organization and make any needed adjustments to account for trainings completed and/or to correct any inaccurate information previously reported within the system **by August 15, 2024**, and for all staff trainings to be entered within Staff Compliance Tracker **within 30 calendar days from the date of the issued memo**.
 - Agencies must update the Staff Compliance Tracker within IRAMS and respond to KidsHCBSCaseReview@health.ny.gov with the completed excel spreadsheet that was sent to the agency
5. Staff Compliance information must be updated within 30 days of any staff changes\updates. Additionally, the agency must keep verification of all documentation to support the information entered the Staff Compliance Tracker for audit purposes.
6. The agency must review current agency policies and procedures related to staff training and background checks to determine if any updates/adjustments are needed to ensure improved compliance in the future.

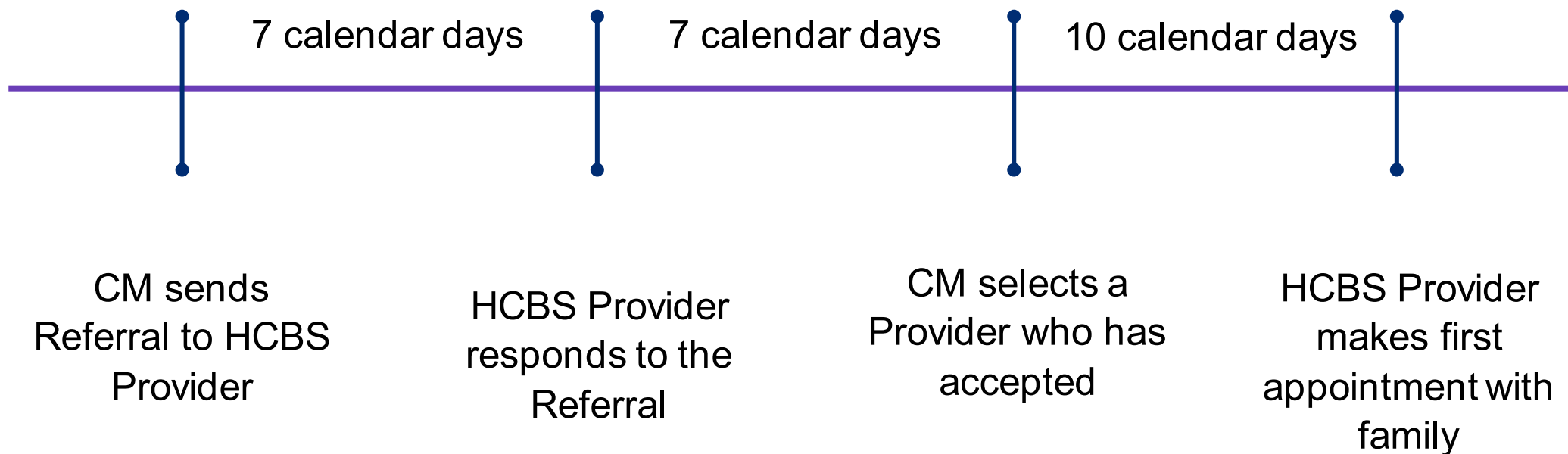
RESOURCES

For more information, please reference the Staff Compliance [User Guide](#) and [FAQ](#) (updated in August 2024)

HCBS Referral and Authorization Portal

Process Reminders: Referral Process Timeline

This timeline outlines the referral process beginning with the Health Home Care Manager/Children and Youth Evaluation Service's (HHCM/C-YES) delivery of the initial referral, followed by the HCBS provider response, HHCM/C-YES selection, and the first appointment.



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

Process Reminders: Family Contact Following the HCBS Referral Acceptance

After accepting a referral for HCBS, **HCBS providers MUST NOT contact the family until after the HHCM/C-YES has selected the HCBS provider** in the system based upon the child/youth/family's choice. Following this step, the selected HCBS provider can proceed with contacting the family and scheduling an initial service appointment.

If the HCBS provider who accepted the referral is not selected by the HH/C-YES care manager, the HCBS provider will be notified within the system.

Another provider was selected based upon various factors of the child/youth/family's choice and care manager.

The HCBS provider will continue to see the Child's Summary Page for a period of time.

HCBS Referral Acceptance

The information provided in the Referral Portal – on the Child’s Case Page and Service Referral is the agreed upon limited information required for an HCBS Provider to accept a referral.

Additional information and documentation cannot be requested by the HCBS provider or provided by the Care Manager without proper consent on file (sharing of information without proper consent is a violation of Personal Health Information (PHI)).

Once the HCBS provider is selected, they can obtain consent from the child/family at the first appointment to request additional information and to regularly communicate with the care manager.

If HCBS provider receives **incomplete referrals or not appropriate for the service referred**, those referrals **should be denied**.

Any continued concerns with receipt of incomplete referrals from any Care Management Agency (CMA)/C-YES should be reported to the Lead Health Home or C-YES and DOH at **BH.Transition@health.ny.gov**

Referral & Authorization Portal: New Features

DOH [launched new features in the HCBS Referral & Authorization Portal](#) on **August 5, 2024**. These features will be included in an upcoming iteration of the Referral & Authorization Portal User Guide and Guide to Edits.*

The Daily Digest email will now include the following:

1. Notices of children/youth discharged from a service the previous day.
2. Notices of children/youth who had an HCBS Connection confirmed the previous day.

On the Child List Page, new filters have been added:

These additional filters allow HCBS providers and HHCM/C-YES to “filter” through cases associated with their agency and search for cases in similar situations (i.e., all referral eligible children/youth, etc.)

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

*DOH is continuing to make updates to the Referral & Authorization Portal and will be announcing updates to providers as they are made.

Referral & Authorization Portal: New Features

— HCBS Program

Designated County

Designated County ▼

Service Type

Service Type ▼

Service Status

Service Status ▼

Referral Eligible Only

Document Only

Recent HCBS Activity Only

— Organizations

Managed Care Plan

Managed Care Plan ▼

CMA

CMA ▼

Health Home

Health Home ▼

HCBS Agency


HCBS Agency ▼

Referral & Authorization Portal: New Features

On August 19, DOH launched an additional new feature within the portal.

A new **Care Team Members** section is now available on the Child Case Page. This section will include information on staff members working directly with the participant. Effective August 19th, contact information for the participant's Care manager **must** be added to the Care Team Members section of the **Child Case Page** before a referral can be submitted. If a Care Manager is not present in this section, the following alert will appear:

Care Team Members

 *Atleast one care manager is required*

There are no care team members assigned to this child.

 [Add Staff](#)

The CMA/C-YES can add Care Manager Contact information by clicking the '**Add Staff**' or '**Edit Staff**' button:

Referral & Authorization Portal: New Features

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

No results found

× Cancel Save

Once a Care Manager has been added, they will appear on the **Care Team Members** section of the **Child Case Page**.

The name of the individual that appears on a referral “Referred by” is the staff member who has submitted the referral in the system and may not necessarily be the participant’s care manager. To view the participant’s care manager’s contact information, the user must navigate to the **Care Team Members** section of the **Child Case Page**.

Referral & Authorization Portal: Potential New Features

DOH welcomes feedback from providers on the following:

1
Are providers interested in indicating their Managed Care Organization (MCO) Contracting status in the Referral Portal?

2
This information would need to be managed by providers – are providers willing/able to manage this?

3
Would this be helpful to have as internal - (HCBS provider) facing information, or should this information be viewable to CMAs to assist with the referral process?

Short Form Connection Process

Questions for providers: How is the Short Form Connection Process going?
Is additional time needed for this process?

DOH sent **HCBS providers a survey** to complete about their experience with the Referral and Authorization Portal.

Providers were **invited to participate in the August HHSC/State meeting** to discuss results of survey and efficacy of the system.

Resources

- July 24, 2024: Short Form Connection Process [Guide](#) (PDF) - [Webinar](#) (PDF)
- August 8, 2024: Short Form Connection Process FAQ [\(Web\)](#) - [\(PDF\)](#)

Referral & Authorization Portal: Next Steps

- HCBS provider Authorization Form and Process being built – projected release for beginning of October 2024
- Medicaid Managed Care Plans access to the system – October/November 2024
 - Discussion with MMCPs regarding determinations made within the Referral and Authorization Portal or a way to electronically submit the authorization for the HCBS provider
- Fee-for-Service Authorization Form and Process being built – projected release for beginning of October 2024
- Continued updating of features as appropriate
 - Upload document function – projected release October 2024

Survey Feedback: HH/MCO Workgroup – Children's Subcommittee

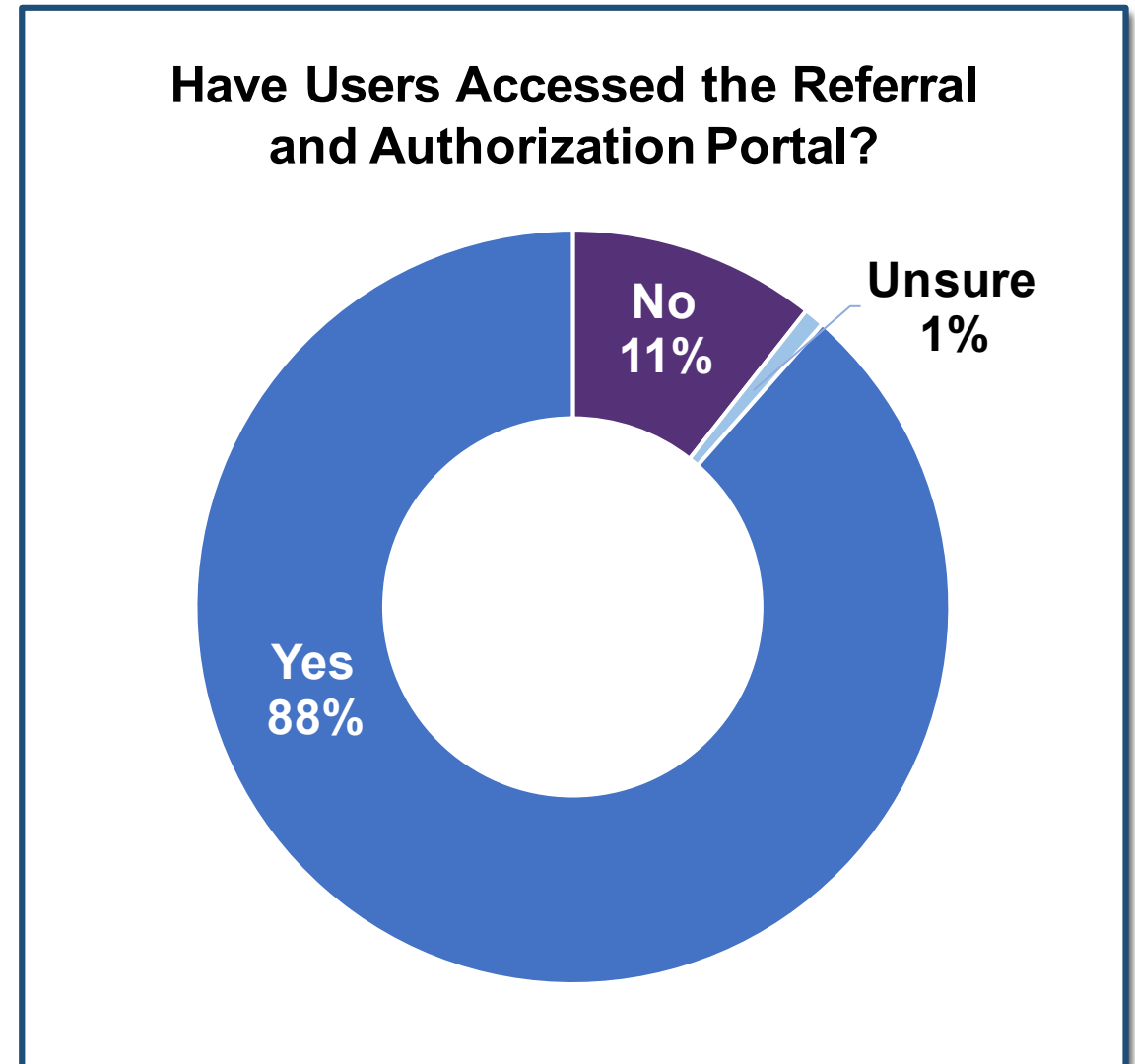
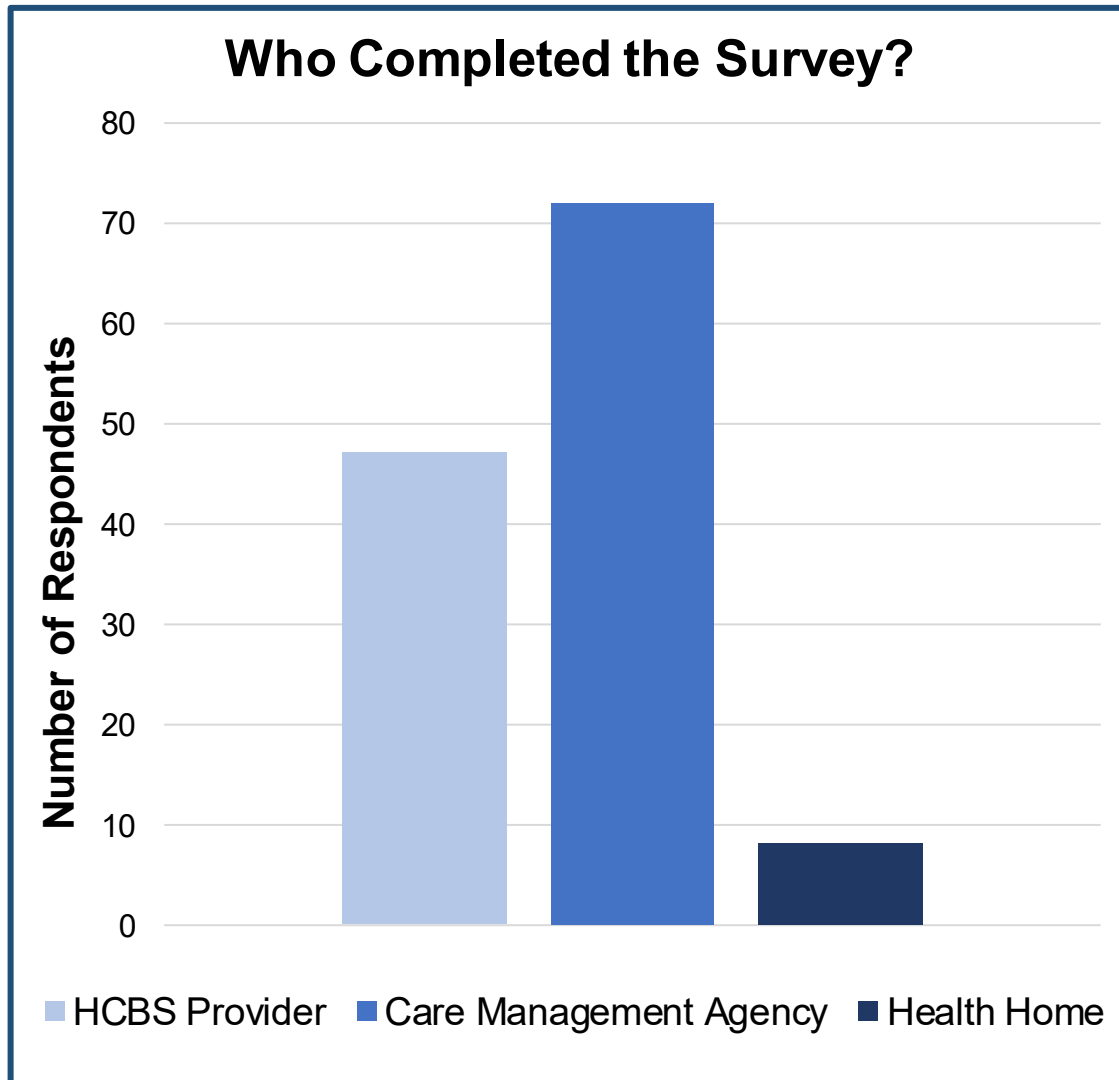
IRAMS HCBS Referral and Authorization Portal Survey Feedback

The Children's Subcommittee of the HH/MCO workgroup **distributed a survey to all HHSC and HCBS providers.**

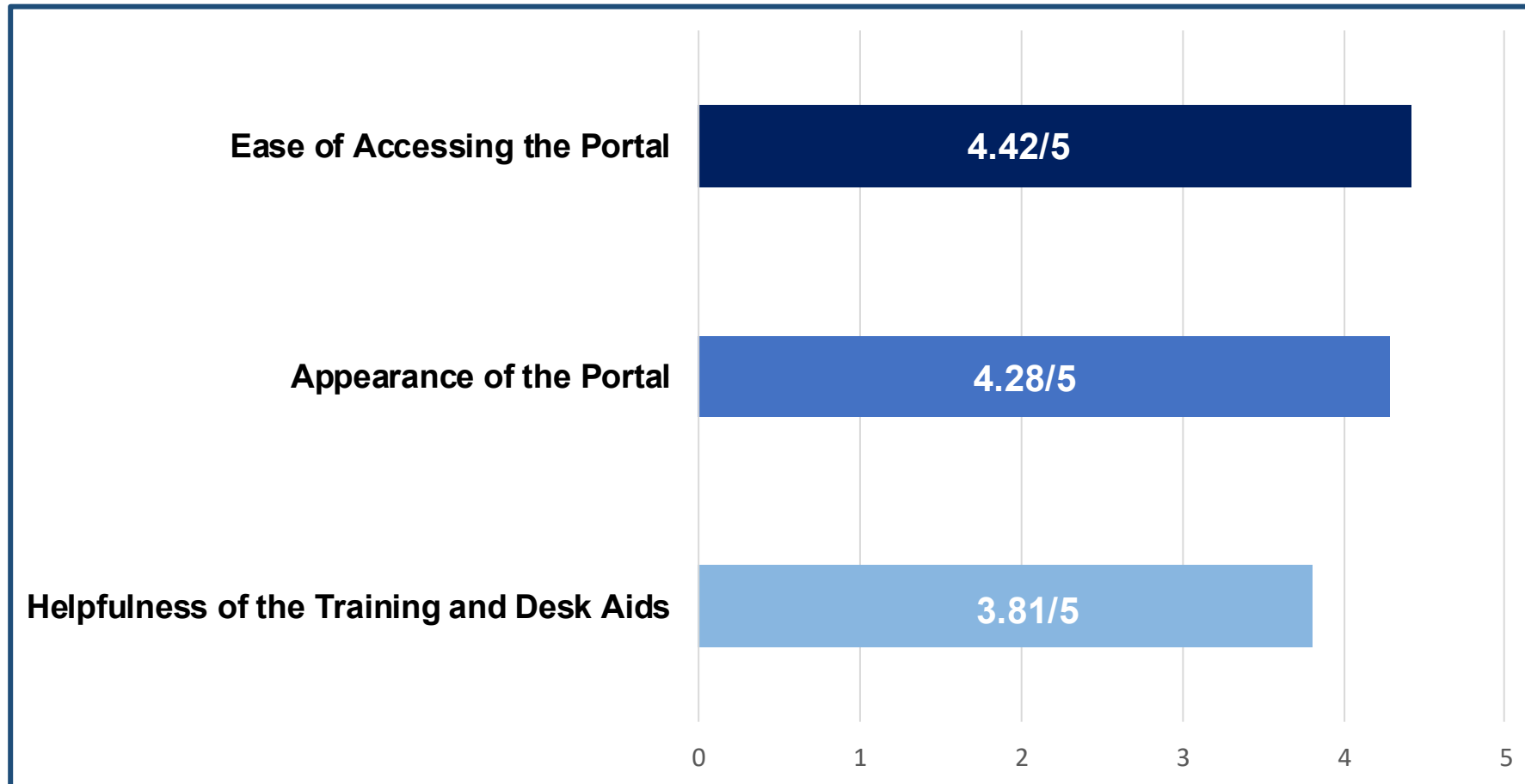
The Survey was **designed to solicit feedback on the new HCBS Referral and Authorization Portal** in the IRAMS system.

The survey yielded **113 responses!**

Survey Results – Who Completed the Survey



Survey Results – General Portal Feedback



Survey Results – Short Form Connection Process



69% of respondents stated they have accessed the Short Form Connection in IRAMS and of those who have, **93%** said they did not encounter any issues with submitting the form to the HCBS provider.

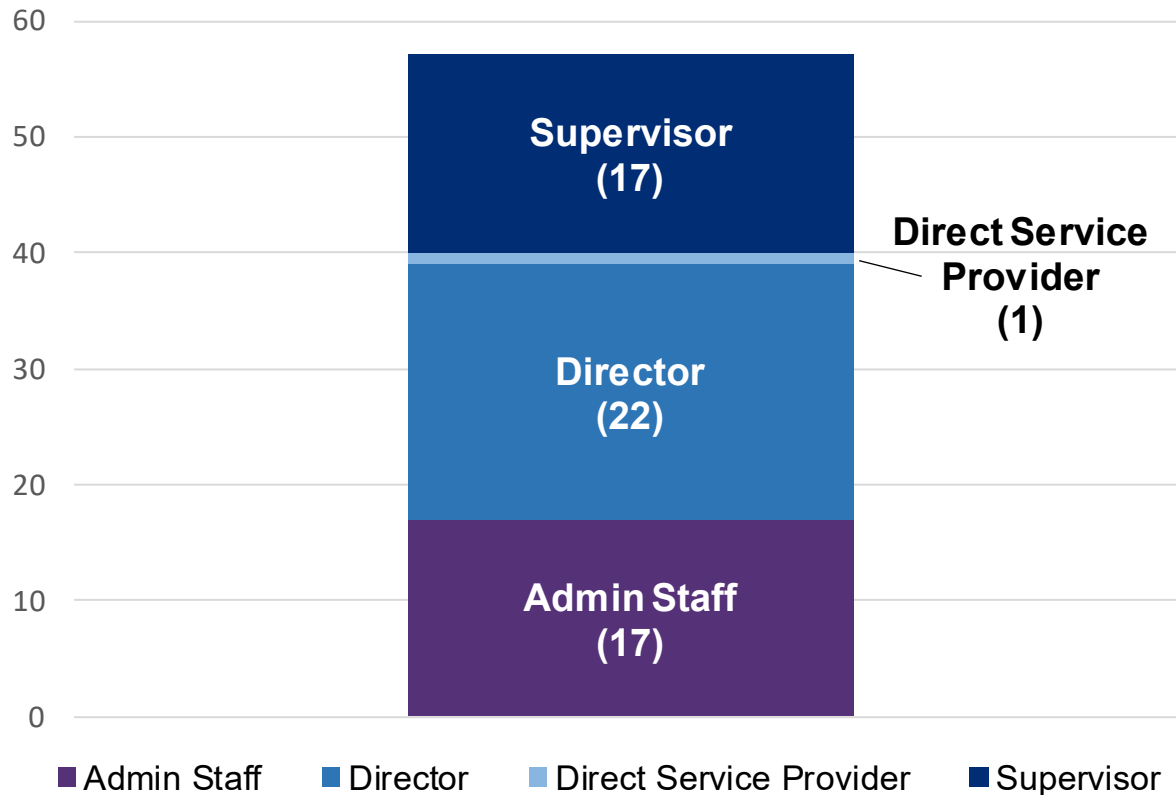


Of the issues reported with the Short Form Connection Process, comments included IRAMS **showing a child/youth's county as incorrect**. The CMA did notify DOH for assistance.

Survey Results – HCBS Referral Feedback

HCBS providers reported that Supervisors, Directors and Admin staff are primarily responsible for reviewing and accepting referrals in IRAMS.

Staff Responsible for Reviewing and Accepting Referrals



HCBS providers reported these types of additional information **would better assist them with determining if they can/cannot accept a referral:**

- Flag indicating if a child/youth is high-risk
- K Codes only show K1 and KK, so the user can not see children/youth who are Medically Fragile (MF) or who have Serious Emotional Disturbances (SED)
- Number of hours of services ([Need more Info](#))
- More background information ([Need more Info](#))
- Specific qualifications needed from providers (i.e., sign language, female or male preference, etc.)
- Plan of Care (POC) ([Can't be provided w/o consent](#))
- Level of Care (LOC) ([Can't be provided w/o consent](#))
- HCBS provider availability

Survey Results – Barriers Experienced

Demographics:

Members who were generated in IRAMS included those with active and inactive LOCs. Some of the **child/youth demographic information is incorrect** and CMAs report being **unable to update this information**.

CMAs would like to be able to clean up the list to only see children/youth with active LOCs and not every child/youth who has ever had an LOC.

A CMA reported having a child/youth moving into a new county at the end of this month for college, but the **HHCM/C-YES is unable to make a referral for Supported Employment without changing the permanent address**, which the family requested they not do.

Foster Care Youth:

Children/youth in foster care **do not have an N/A option under the voluntary CP agency**. Also, children/youth who may have been in foster care previously or are in foster care **through one county** (i.e.: Monroe) **but are placed in another county** (i.e.: Erie) are not given the option to choose HCBS providers in the area they are **residing**.

When entering referrals for a member in foster care **there is no option for the appropriate Local Department of Social Services (LDSS)** to be selected as the Legally Authorized Representative (LAR). (e.g., Orleans and Genesee County DSS).

Survey Results – Barriers Experienced

Making and Accepting Referrals:

When making a referral, **some children/youth's K Codes do not show**, requiring user to refresh multiple times.

As a CMA, when making a referral, HHCM/C-YES report that after two (2) agencies accepted the referral, the **accepting agency will show incorrectly** when clicking confirmed.

Experienced **glitches where information was entered** and submitted and when accessed later the **information was not present**.

Once the HCBS provider agency has accepted the referral in IRAMS, the HHCM/C-YES have had **issues selecting the agency name** since old agency names populate instead of the current accepted agency.

Sometimes the **referral is greyed out** and you cannot accept it.

CMA's are **not listing their contact information correctly**. As an HCBS provider we have repeatedly found parent's phone numbers under the CMA contact or information such as medical consentor and contact information for the caregiver and medical consentor is not correct.

An MF or SED classification is not enough information for us to speak to the parent, we find that most of the time we spend 20-25 minutes trying to get background information about the child/youth and the parent wonders why we do not already have more diagnosis information or adaptive equipment information.

Survey Results – Barriers Experienced

Making and Accepting Referrals Continued:

If you **previously rejected** a child/youth and they are on a Statewide Waitlist, it **does not allow you to open the referral** to notify the CMA that you now have availability, nor does it let you see who submitted the referral to reach out via email.

Not being able to save the Referral when submitting to HCBS Provider Agencies for our records. We are only able to save referral once CMA selection is complete.

As an HCBS provider we have accepted referrals but then when accessing later, (usually a couple of days later) we have experienced that **the responses are not there**, and we must **accept again**.

There has been a **reduction in HCBS referrals** since the IRAMS referral process went into effect.

Not being notified by the HCBS provider when services begin.

Unable to indicate comments when selecting accept or decline, e.g., maybe the family is open to a female but requested a male and the HHCM/C-YES did not indicate that. It would be helpful to say - "HCBS provider has a female provider immediately available if the family and child/youth are open to this.

Once a decision is made by the HCBS provider of Accepted, Declined, or Waitlisted, it **does not allow you to go in and change the response**. For example: if we accepted but realized waitlisting the referral would be the better option we cannot change the response. Sometimes we lose a referral because of this.

Some HHCM/C-YES are **not completing the Short Form Connection**.

Survey Results – Request for Additional Information with Referral

What Additional Information Would Be Helpful When Determining if the HCBS Provider Can Accept the Referral:

Ability to **upload documentation** such as a POC, approved LOC, DOH-5275, any documentation used to support eligibility and/or target population with background information so we can **better assess the needs** of the child/youth to determine if we can assign a qualified provider.

Additional CMA Information such as the HHCM/C-YES and Supervisor name, email AND phone number. Currently only the HHCM/C-YES name and email are entered. However, to break down barriers and improve communication between CMAs and HCBS providers it is important that not just the name and email of the HHCM/C-YES be present. There are times that upon receipt, the HCBS providers contact the HHCM/C-YES, and they are 1) unresponsive or 2) out of the office and there is no information on who to contact in their absence.

Survey Results – General Feedback

What Additional Information Would Be Helpful When Determining if the child/youth can be serviced by an HCBS Provider:

HCBS provider reported **not being consistently notified via email of Short Form Connection**, however when logging in can see them.

Fewer steps and looser regulations for HCBS provider to be able to complete the administrative requirements and render the services to the children/youth in the community.

Feedback from one CMA was that **it was not clear to some HCBS providers that they needed to accept the short form connection.**

It would be helpful if **in the email from IRAMS** (Short Form Connection and new Referrals) **included the child/youth's Last Name and First Initial**. This way if there is more than one service the child/youth is being referred for it is clearer. It also helps to know if we need to go back into IRAMS for a specific child/youth and which child/youth the hyperlink will be taking us to.

Guide did not cover the full referral process.

Add **recommended number of hours of service.**

Survey Results – Suggestions for Improvement

Add **headers to distinguish Referrals vs. Short Form Connections** in IRAMS.

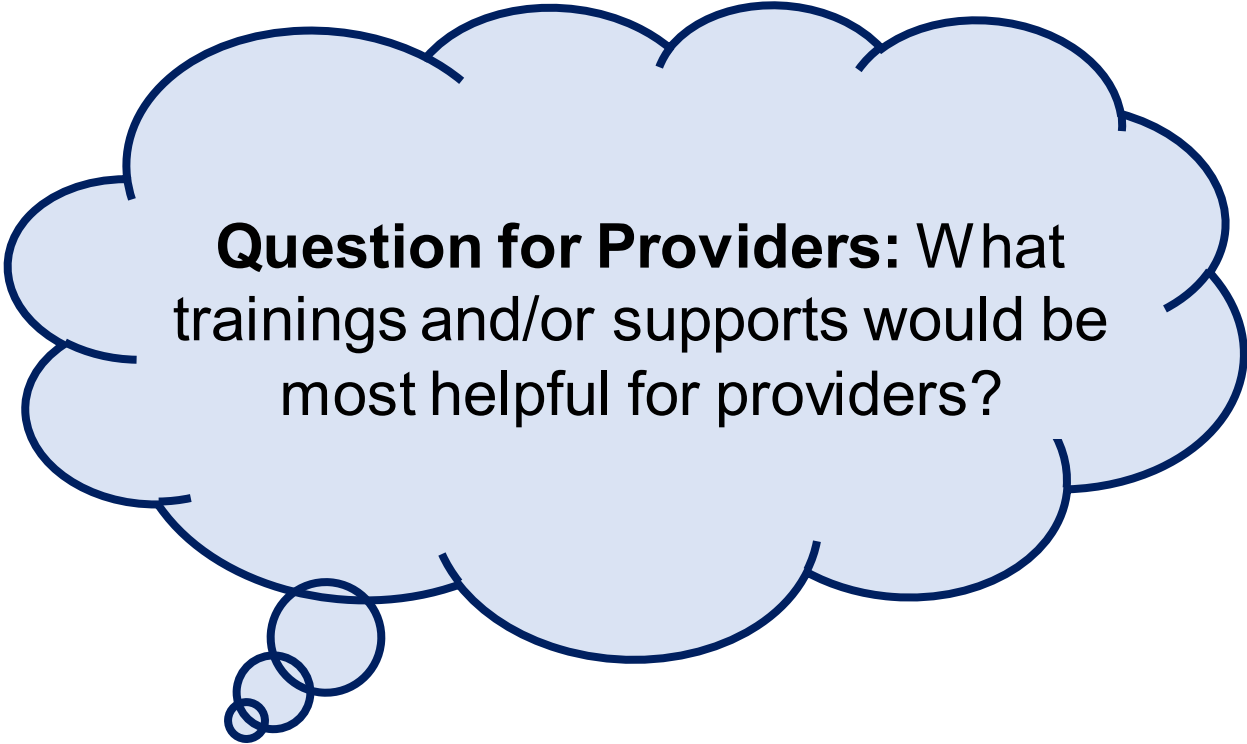
Request to be able to filter by date.

It would be beneficial to CMAs to be able to **see which HCBS providers are accepting referrals** for specific services and counties when the HCBS provider agency list populates.

There are three (3) categories within IRAMS – Referral, Active and Waitlisted, however it is **not always clear which category they are in.**

Once a child/youth is accepted and with an HCBS provider agency, is it possible that we can **add options for the HCBS provider agency to indicate if the case is unassigned or if the family has requested a new provider?**

Survey Results



Question for Providers: What trainings and/or supports would be most helpful for providers?

Respite Group of Two & Rural Rates Announcement

Respite Group of Two

**Indicates a newly established rate code. This information will be available in an upcoming iteration of the HCBS Manual.*

On July 24, 2024, DOH [announced](#) updated billing for Group Planned Respite by establishing a new rate for Group Planned Respite provided to 2 children/youth.

Service	Rate Code	Procedure Code	Modifier	Unit Measure	Unit Limit
Planned Respite - Group of 2 (up to 6 hours)	8065*	S5150	HA, UN	15 minutes	23/day
Planned Respite Group of 2 per diem (over 6 hours, up to 12 hours)	8066*	S5151	HA, UN	Per diem	1/day

Group Planned Respite provided to **2 children/youth** will be billed using Rate Codes 8065 and 8066 effective immediately for Fee-For-Service (FFS) claims, and within 90 days of the announcement for MMCP claims.

Service	Rate Code	Procedure Code	Modifier	Unit Measure	Unit Limit
Planned Respite – Group of 3 (up to 6 hours)	8027	S5150	HA, HQ	15 minutes	23/day
Planned Respite Group of 3 per diem (over 6 hours, up to 12 hours)	8026	S5150	HA, HK, HQ	Per diem	1/day

Group Planned Respite provided to **3 children/youth** will continue to be billed using Rate Codes 8026 and 8027.

Rate Codes 8065 and 8066 are effective December 1, 2023. Providers can submit claims for these rate codes on or after the date of the announcement. All claims must meet timely filing requirements.

Rural Rates

St. Lawrence, Hamilton, Franklin, Essex, Delaware, Clinton, and Allegany counties have been established as rural counties.

Effective December 1, 2023, HCBS provided within these counties are eligible for rural rates. Rural rates are separate from upstate and downstate rates. Information on these rates can be found in the [HCBS Rate Sheet](#).

MMCPs will be configuring their systems within 90 days to reflect the updated rates and issue retroactive payment adjustments to providers for rural rate claims with dates of service on or after December 1, 2023.

Questions related to HCBS Planned Respite Group of Two or Rural Rates can be directed to BH.Transition@health.ny.gov.

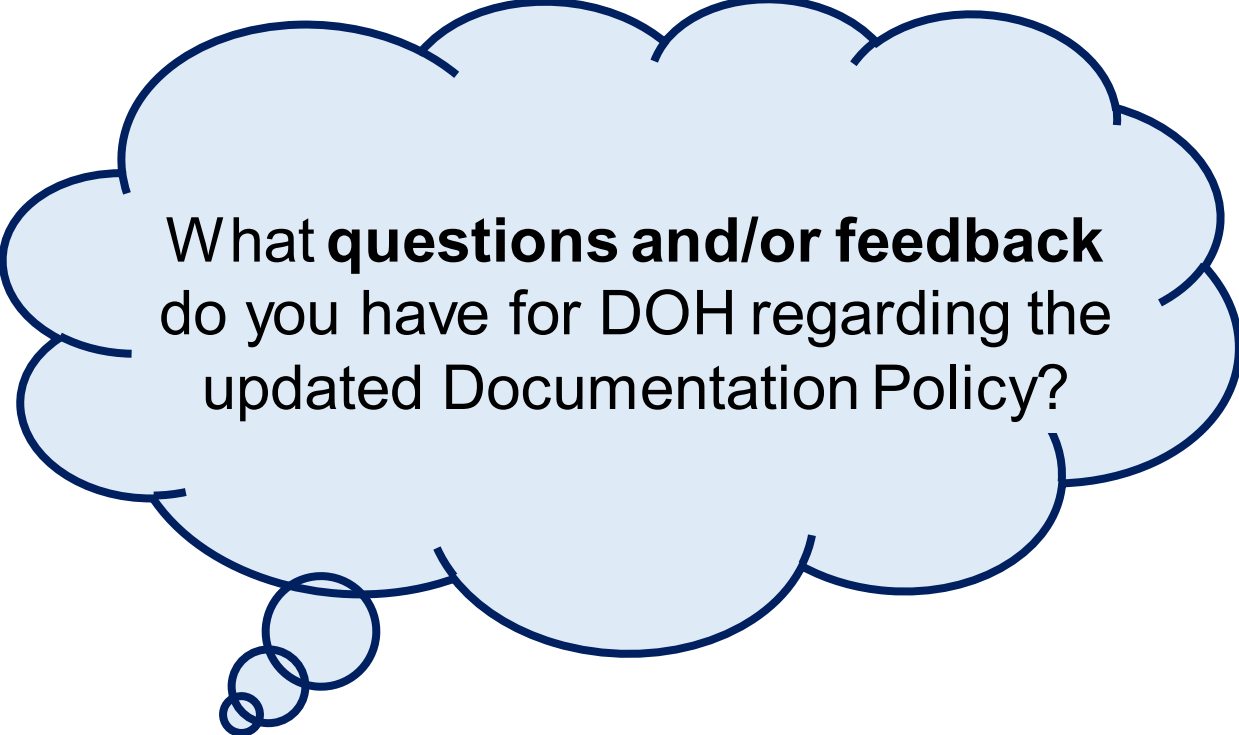
Documentation Policy

Documentation Policy Update

Language relating to transition planning for Transition Age Youth **has been removed**. Updated policy is available on the [DOH Website](#).

It is the **responsibility of the care manager** to develop and maintain a transition plan for Transition Aged Youth.

Provider Feedback from Documentation Policy



What **questions and/or feedback** do you have for DOH regarding the updated Documentation Policy?

Future Meetings & Contact Information

Future Meetings & Contact Information

- Next Scheduled Monthly Meetings:
 - *September 18th, 2024, from 1:00 PM – 2:30 PM*
 - *Registration Link:*
 - <https://meetny.webex.com/weblink/register/rb818e19e2da8930a3d5aff99c5657786>
 - *October 16th, 2024, from 1:00 PM – 2:30 PM*
 - *Registration Link:*
 - <https://meetny.webex.com/weblink/register/r65502cd9319e85e65f70dd237d826414>
 - *November 20th, 2024, from 1:00 PM – 2:30 PM*
 - *Registration Link:*
 - <https://meetny.webex.com/weblink/register/ra39b382a96278d03a6b9b1286b2243eb>
- DOH would like to discuss topics of interest to the HCBS providers and hear suggestions and ideas for improvement.
- Please submit your agenda requests, suggestions, or questions to BH.Transition@health.ny.gov.

All Children's Waiver HCBS questions and concerns, should be directed to the NYS Department of Health at BH.Transition@health.ny.gov mailbox or (518) 473-5569.

Questions regarding the HCBS Settings Final Rule can be directed to ChildrensWaiverHCBSFinalRule@health.ny.gov .

New York State Department of Health Managed Care Complaint Line
1-800-206-8125 or managedcarecomplaint@health.ny.gov .

