

# **HCBS Referral & Authorization Portal**

## **Short Form Connection Process Guide**

July 2024

**Children’s Home and Community Based Services (HCBS)  
Referral & Authorization Portal – Short Form Connection Process Guide**

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## I. Short Form Connection

On June 17, 2024, the Referral & Authorization Portal launched within the Incident Reporting and Management System (IRAMS), which **required** all new and existing HCBS participants who were not receiving an HCBS (even previously referred but waitlisted) to be referred and submitted through the new Portal by the Health Home Care Manager/Children and Youth Evaluation Services (HHCM/C-YES).

**Effective July 24, 2024**, current participants receiving HCBS by a designated HCBS provider, will be entered by HHCM/C-YES into the Referral & Authorization Portal. A streamlined confirmation form has been developed to verify the member, the service being received, and the HCBS provider providing the service. Care managers and HCBS providers will work together to confirm children/youth already enrolled and receiving services. Care managers will start the process by adding information about all HCBS cases active prior to June 17, 2024, and that continue to be active by completing the **Short Form Connection Process**. The process will entail submission of a brief electronic “connection” from a HHCM/C-YES, and acceptance from an HCBS provider.

The Short Form Connection will be **available for a limited period** until all children/youth who were receiving services before June 17<sup>th</sup>, and who continue to be in receipt of services today, are in the HCBS Referral & Authorization Portal.

Information on the process of obtaining access to the HCBS Referral & Authorization Portal and creating/managing new referrals can be found in the [User Guide](#) and [Webinar Slides](#). New referrals require HHCM/C-YES to submit a complete referral in its entirety. The Short Form Connection is a shorter, abbreviated version of an HCBS referral. The Short Form Connection process can only be used for participants who were actively in receipt of HCBS on or prior to June 17<sup>th</sup> and who continue to be in receipt of those same services.

The following information will be contained in a Short Form Connection:

- Child/youth’s information
- HCBS provider selected for services

## II. Care Manager Creates the Connection Request

### A. Update Child Case Page

A Child Case Page is automatically generated in the system for all children/youth with a completed HCBS Eligibility Determination. The Child Case Page provides basic information about the child/youth including HCBS eligibility 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 eligibility information will be pre-populated in the Referral and Authorization Portal with information obtained from other systems (i.e., eMedNY, HHTS, etc.).

Within the Referral and Authorization Portal, the HHCM/C-YES must first update the Child Case Page to start the Short Form Connection Process. For the Short Form Connection, the following information is needed to move forward with making a connection:

- Diagnosis
- Contact Information
- Address
- Languages
- Identity
- One parent/guardian

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

**Child Information**  
Complete Update

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

**Child Information** [Close]

**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.

The HHCM/C-YES must fill in the child/youth's contact information including email and phone number.

**Child Information**

Street Address\*

City\* State\* Zip Code\*

Languages  
Primary Language\* Secondary Language

Identity  
Preferred Name Pronouns

Cancel Save

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

The 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.

The HHCM/C-YES are required to fill out the child/youth's primary language and 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 to save the information to the database. This information will then auto populate in the system the next time the HHCM/C-YES logs in and will be editable.

*Note: Required fields must be completed in order to initiate a Short Form Connection. Required fields that are not completed will display an alert, as seen below in red italics.*

**Child Information**

*△ Primary Diagnosis, Residence Address and Primary Language are required*

Residence Address Not Specified	Primary Diagnosis Not Specified	Preferred Name Not Specified
Contact Info Not Specified	Languages Not Specified	Pronouns Not Specified

## B. Add and Send Connection Request to the HCBS Provider

On the HCBS Services Tab of the Child Case Page, there will be an **Add Connection** button which will be enabled when the child/youth meets minimum connection requirements.

Child Case Information HCBS Services

**HCBS Services**

Create HCBS Referral Add Connection

If the **Add Connection** button is not available, an error message will appear noting that to create an existing connection, the child/youth must have a K1 code, active LOC, current or recently expired Medicaid, and have Child Information and Family/Guardian Information completed, as noted above.

Child Case Information    **HCBS Services**

### HCBS Services

⚠ To create a **referral** the child must be referral eligible, and have Child Information, a Family/Guardian, and Schedule completed.

⚠ To create a **connection** the child must have a K1 code, active LOC, current or recently expired Medicaid, and have Child Information and a Family/Guardian completed.

[Create HCBS Referral](#)    [Add Connection](#)

After clicking **Add Connection**, the HHCM/C-YES will select the service, and the specific HCBS designated agency in the child/youth’s county that is already providing services to the participant to create the Connection.

Confirm an existing HCBS Connection

Child Information

Name	Sex	Age	Service County
[REDACTED]	MALE	18	Orange County

Add an existing service to the child's case file. This should only be used for active services where the referral was sent prior to the launch of the IRAMS Referral Portal

Add a Service

HCBS Service\*  
Select the HCBS Service

HCBS Agency\*  
Select the HCBS Agency

[Cancel](#)    [Request Confirmation](#)

Once the Service and Agency are chosen, the **Request Confirmation** button will become available.

Confirm an existing HCBS Connection

Child Information

Name	Sex	Age	Service County	HCBS Service
[REDACTED]	MALE	18	Orange County	Caregiver/Family Advocacy and Support Services

Add an existing service to the child's case file. This should only be used for active services where the referral was sent prior to the launch of the IRAMS Referral Portal

Add a Service

HCBS Service\*  
Caregiver/Family Advocacy and Support Services

HCBS Agency\*  
Abbott House

[Cancel](#)    [Request Confirmation](#)

After pressing **Request Confirmation**, an automatic email will be sent to alert the HCBS agency that they need to confirm the Connection.

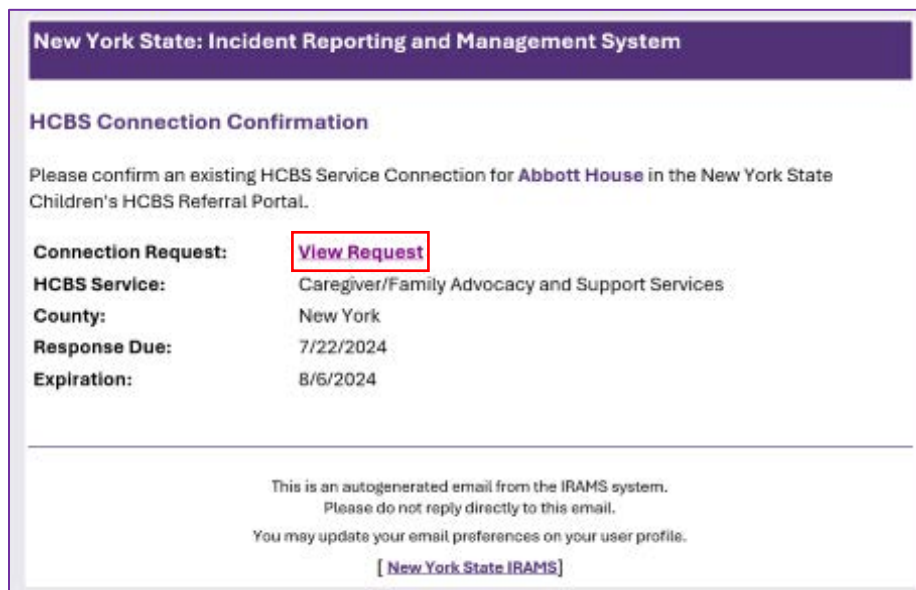
All connections are service specific. If a child is in receipt of multiple services, multiple Connection Requests will need to be submitted. Each connection is established through an individual Connection Request.

Unlike referrals, Connections **cannot be printed**.

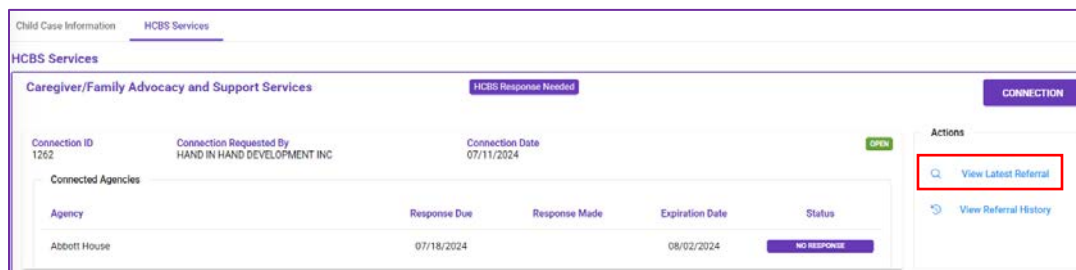
### III. HCBS Provider Responds to the Connection Request

#### A. HCBS Provider Receives the Connection Request

The HCBS provider will receive an email notification that they have been sent a Connection Request and need to accept or deny an existing HCBS Connection. HCBS providers must click **View Request** to open the Connection Request in the HCBS Referral and Authorization Portal.



The HCBS provider will need to then select **View Latest Referral** to view the Connection information.



The HCBS provider will be taken to a screen with limited child/youth information and the option to **Accept** or **Decline** the Short Form Connection Request. The HCBS provider will not have the option to Waitlist the child/youth as the provider should **ONLY** accept the Connection if they are currently serving the participant and for the specific service listed in the Connection.

The HCBS providers are expected to respond to the Connection within 2 business days of receiving the Connection Request. Once the HCBS provider makes a selection, their response will automatically close the Connection.

The screenshot shows a window titled "Confirm Existing Service" with a close button (X) in the top right corner. Below the title is a section for "Caregiver/Family Advocacy and Support Services" with an "OPEN" button. The main content is divided into three sections: "Referral", "Child Information", and "HCBS Service Request".

Referral ID	Referral Date	Referred By	Response
1055	06/05/2024	Abbott House Aaron Roe	ACCEPT

Response Due	Request Made	Response Made
06/12/2024	06/05/2024	06/06/2024

Child Information			
Name	Sex	Age	Service County
[REDACTED]	FEMALE	9	Kings County

HCBS Service Request

Accept  Decline

### B. HCBS Provider Accepts the Connection Request

If the HCBS provider is actively serving the child/youth, they must choose to **Accept** the Connection.

Following an accept response, no further action is needed by the HHCM/C-YES or the provider. The child/youth will be added to the HCBS provider's caseload in the Portal and the HCBS provider may continue to serve the child/youth. Both the HHCM/C-YES and the HCBS provider will be able to see that the child/youth is now assigned to the HCBS provider in the system.

The screenshot shows a window titled "Connection Response" with a close button (X) in the top right corner. Below the title is a section for "Caregiver/Family Advocacy and Support Services" with an "OPEN" button. The main content is divided into three sections: "Connection", "Child Information", and "HCBS Service Request".

Connection ID	Connection Date	Connection Requested By	Response
1262	07/11/2024	HAND IN HAND DEVELOPMENT INC Carissa Horton (carissa.horton@health.ny.gov)	NO RESPONSE

Response Due	Request Made	Expiration Date
07/18/2024	07/11/2024	08/02/2024

Child Information			
Name	Sex	Age	Service County
[REDACTED]	MALE	18	Orange County

HCBS Service Request

Accept  Decline

A confirmation dialog box with a warning icon (triangle with exclamation mark) and the text "Confirm that you Accept the referral for Abbott House". At the bottom, there are two buttons: "No" and "Yes".

Once the HCBS provider accepts the Connection by confirming that they are providing the service, the service becomes active with the selected provider and the Connection is closed.



The HHCM/C-YES will not be notified through an alert that the Connection has been accepted, however, they will see the connection in the system.

Child Case Information    HCBS Services

HCBS Services

Caregiver/Family Advocacy and Support Services ACTIVE

Connection ID: 1262    Connection Requested By: HAND IN HAND DEVELOPMENT INC    Connection Date: 07/11/2024    Selection Date: 07/11/2024    CLOSED

Connected Agencies

Agency	Response Due	Response Made	Expiration Date	Status
Abbott House	07/18/2024	07/11/2024	08/02/2024	SELECTED

Actions

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

### C. HCBS Provider Declines the Connection

If an HCBS provider receives a Short Form Connection but is not actively serving the child/youth, they must **Decline the connection**.

Connection Response

Caregiver/Family Advocacy and Support Services OPEN

Connection

Connection ID: 1262    Connection Date: 07/11/2024    Connection Requested By: HAND IN HAND DEVELOPMENT INC (Carissa Horton (carissa.horton@health.ny.gov))    Response: NO RESPONSE

Response Due: 07/18/2024    Request Made: 07/11/2024    Expiration Date: 08/02/2024

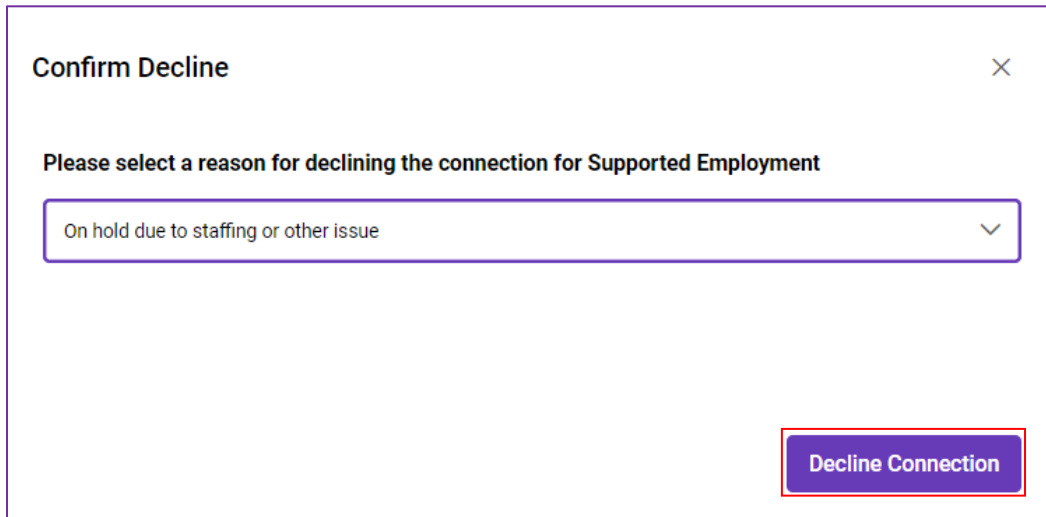
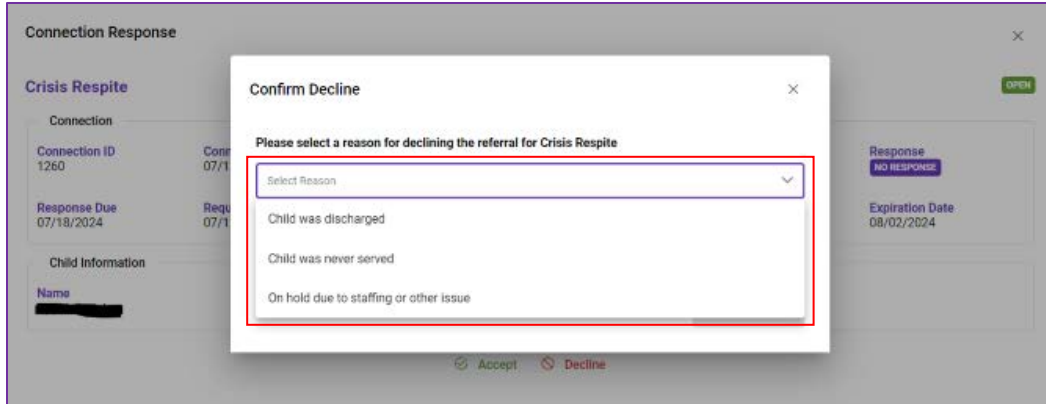
Child Information

Name: [REDACTED]    Sex: MALE    Age: 18    Service County: Orange County

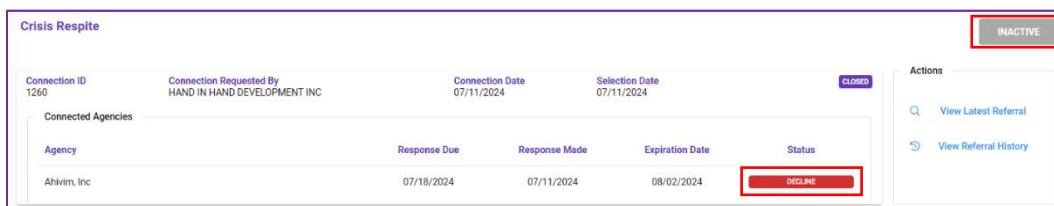
Accept    Decline

The HCBS provider must give one of the following reasons for declining the service:

- Child was discharged
- Child was never served
- Service on hold due to staffing or other issue



Once the HCBS provider declines the Connection Request, the Connection is closed, and the service will be set to “inactive”.



An automatic email will be sent to the HHCM/C-YES (below) to inform them a Connection was declined. The HHCM/C-YES will be responsible for following up with the appropriate parties and ensuring that any child/youth who needs services is receiving them.

**New York State: Incident Reporting and Management System**

**HCBS Connection Declined**

Abbott House has declined confirmation of an HCBS connection.

**Connection Request:** [View Connection](#)

**HCBS Service:** Planned Respite

**County:** Kings

**Decline Reason:** Child was discharged

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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.

[\[ New York State IRAMS \]](#)

The HHCM/C-YES can also see the reason for the declined Connection in the system by navigating to the Child Case Page and clicking **Open Referral**.

**Connection Details** X

**Caregiver/Family Advocacy and Support Services** CLOSED

**Connection**

Connection ID 1268	Connection Date 07/12/2024	Connection Requested By HAND IN HAND DEVELOPMENT INC Aaron Roe (aroe@icma.com)
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**Child Information**

Name [REDACTED]	Sex MALE	Age 18	Service County Orange County
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**Connected Agency**

**Abbott House** DECLINE

Request Date 07/12/2024	Response Date 07/12/2024
Response Due 07/19/2024	Response User Aaron Roe (aroe@icma.com)
Expiration Date 08/03/2024	Response Reason Child was discharged

If the Connection request is denied by the HCBS provider, it is the responsibility of the HHCM/C-YES to follow up with the participant/family and/or HCBS provider as appropriate. If it is deemed that the participant is still in need of the service and is not receiving services, a new, full Referral may be required.

If the HHCM/C-YES made an error regarding the selected service and or provider, the HHCM/C-YES would have to develop a new Short Form Connection for the right service and provider.