



Department
of Health

Planning for the Children's Home and Community Based Services (HCBS) Electronic Referral and Authorization Process

March 6, 2024

Agenda

- ✓ Overview of the HCBS Referral and Authorization Portal
- ✓ HCBS Referral and Authorization Portal Process Flow
- ✓ HCBS Referral and Authorization Portal Examples
 - Demographic Information
 - Frequency, Scope, and Duration
- ✓ Questions for Providers/Group Discussion

HCBS Referral and Authorization Portal Overview

Referral Portal Overview

Background: Currently, the HCBS POC Workflow policy is incumbent upon the passing of paper and ensuring PHI is securely maintained. Whether that is the HHCMs/C-YES completing a paper referral form or the HCBS Provider completing the Authorization form. Both create several barriers:

1. Care managers can't see in real time if or when the referral was accepted
2. Phone tag between care manager and HCBS providers about the status of the referral and F/S/D
3. Care managers had no access to waitlist information
4. Lack of transfer of information from the Referral form to the Authorization form
5. HCBS providers need to enter different MMCP's portals to submit the Authorization form

The Electronic Referral Portal is being developed within the Incident Reporting and Management System (IRAMS) to streamline the HCBS referral and authorization process.

Next Steps:

- Complete the build of the New electronic Referral and Authorization portal
- HCBS providers will complete the authorization form within IRAMS but will need to still submit to the MMCP how they are today. (Authorization will be downloaded as a PDF)
- Survey to MMCPs to determine feasibility of the MMCPs being in IRAMS and directly accessing and determining authorizations within the system, as future build.

HCBS Referral and Authorization Portal Process Flow

Member Information

When a HHCM/C-YES initiates an HCBS Referral for a member, this will create a 'Child Record'.

The Child Record will have:

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

The Child Record will be viewable and consistent for the HHCM/C-YES and the HCBS Provider and will assist in populating the HCBS Referral and the Authorization Form.

Referral & Authorization Timeline



Referral Process Begins

- HHCM/C-YES will start the child's record with specific child information
- HHCM/C-YES will make referrals within the Referral Portal
- HHCM/C-YES will select HCBS provider(s) to refer the child to (who are designated to provide the needed service and within the child's county)



Referral Sent to Provider

- Providers will be alerted to a referral
- Providers will review the referral and the child's case information
- Providers will evaluate if they can serve the member



Providers Respond & CMA Selects

- Providers will respond with accept/decline/waitlist the child's referral
- Once providers response has been submitted, the HHCM/C-YES will receive an alert
- The HHCM/C-YES then selects the provider to serve the child. Providers are alerted if they were selected or not.
- Once the HCBS provider has been selected, the first appt and assessment of needs would occur



F/S/D Authorization & Notification

- The HCBS provider can update and add to the child's Referral Portal record
- The development of F/S/D and the HCBS Authorization would be created within the Referral Portal
- The HCBS provider would submit the authorization form outside the Referral Portal
- Once the authorization is approve/denied/alterd by the MMCP, the HCBS provider would update the F/S/D within the Referral Portal according to the MMCP's response
- The HHCM/C-YES will receive a notification once F/S/D is entered
- [Being Built] The F/S/D will be transmitted from IRAMS to MAPP HHTS for the HHCM's Plan of Care

****Authorization Form will be generated in the portal by HCBS providers but sent outside of the portal. A future system update will include the ability to send Authorization Forms directly through the system or to have the MMCPs in the system.***

HCBS Referral and Authorization Portal Examples

Demographic Information

Name [REDACTED]	CIN [REDACTED]	DOB [REDACTED]	Age 9	Sex MALE	Fiscal County Washington
<input checked="" type="checkbox"/> HCBS Enrollment Serious Emotional Disturbance Washington County K1 Code: 04/01/2021 - 12/31/9999 KK Code: Not Active	<input checked="" type="checkbox"/> Latest Assessment HCBS Eligibile ADIRONDACK HEALTH INSTITUTE INC. Outcome Date: 05/03/2023	<input checked="" type="checkbox"/> Medicaid Expiration 12/31/9999	<input checked="" type="checkbox"/> Referral Eligibility Referrable		
Child Case Information		HCBS Services			
Medicaid Program					
Health Home ADIRONDACK HEALTH INSTITUTE INC	CMA ADIRONDACK HEALTH INSTITUTE INC	Managed Care Plan CAPITAL DISTRICT PHYS HLTH PL			
Address [REDACTED]	Contact Phone	Residence County Washington			
Child Information <i>Complete</i>					
Residence Address [REDACTED]	Primary Diagnosis Tests	Preferred Name Not Specified			
Contact Info [REDACTED]	Languages English	Pronouns Not Specified			
<small>Last updated by Aaron Roe from ADIRONDACK HEALTH INSTITUTE INC at 11/27/2023 3:28 PM</small>					

- **A CMA user will enter demographic information about the child** (i.e., contact information, family, and schedule) prior to sending a referral.
- Once a referral is complete, **both CMA and HCBS users can update** the child's record for future authorizations.

Frequency, Scope, and Duration

Referral **F/S/D** Objectives

HCBS Service

First Date of Service* 02/01/2024

Authorization Begin Date* 02/01/2024

Authorization End Date* 07/31/2024

Update Authorization

Summarize the Frequency/Scope/Duration*

Provide rationale (medical necessity) for the service and include justification for the overall frequency, scope and duration

Total Visits: 91 Total Hours: 104 Total Units: 416

Caregiver/Family Advocacy and Support Services (H2014)
Caregiver/Family Advocacy and Support Services Level 1

Scope	Frequency	Modality	Unit Type	Visits	Hours	Units	
1 Hours	10 Every Month	Individual	15 Minute	65	65	260	
Total Authorization for H2014				65	65	260	

Caregiver/Family Advocacy and Support Services (H2015)
Caregiver/Family Advocacy and Support Services Level 2

Scope	Frequency	Modality	Unit Type	Visits	Hours	Units	
90 Minutes	1 Every Week	Group	15 Minute	26	39	156	
Total Authorization for H2015				26	39	156	

- An HCBS provider will enter details about the **authorization** into the portal to generate a PDF form for submission to the MMCP.
- This includes F/S/D, a summary of the request, and a list of goals and objectives.
- Most of the information will be pre-populated by information contained on the referral

After approval from the MMCP is obtained, the HCBS provider will enter the Referral Portal to indicate approved/updated F/S/D for the service. A notification of authorization determination will be sent to the HHCM/C-YES through the portal.

Questions for Providers/Group Discussion

Discussion with Providers

DOH was hoping to gain more feedback from providers on difficulties faced when trying to implement the newly updated Authorization and Referral forms. Below are questions to spark discussion around this conversation:

1

Are HCBS Agencies generating their authorization forms using electronic health records (EHR), or is this a manual process being done on paper?

2

Who completes the authorization form within the agency, and would they know the NPI number?

3

Are CMAs generating referrals using electronic health records, or is this a manual process being done on paper and sent to providers?

4

Would organizations prefer to download the authorization in something other than PDF format?

5

Would organizations prefer to submit authorization data in a data file rather than manual entry into IRAMS?

6

Are any organizations transmitting referrals or authorizations as data exchanges rather than Word documents or PDF forms?

Referral Portal Process Flow



Step 1:
HHCM/C-YES
updates the
**Child Case
Information
Page**



Step 2:
HHCM/C-YES
creates a
Referral for
each requested
HCBS
and selects
from designated
HCBS providers
in the member's
county



Step 3:
HCBS Agencies
respond to the
Referral with
**"Accept",
"Waitlist", or
"Decline"**



Step 4:
HHCM/C-YES
selects an
HCBS provider
that
responded
with
"Accept" and
matches
choice of the
member



Step 5*:
HCBS Agency
has the 1st
appointment,
assesses the
member, and
develops **F/S/D**
for
Authorization



Step 6:
HCBS Agency
enters
approved
**Authorized
Frequency,
Scope, and
Duration** for
HHCM/C-YES'
Plan of Care

** Note: The Authorization Form will be populated within the IRAMS Referral Portal but will not yet be electronically sent to the MMCP. The process to send this information to the MMCP will continue as is.*

HCBS Authorization & Referral

HCBS Authorization and Referral Forms, along with an Authorization Form Instructional Guide have been updated and issued on February 16, 2024. **Updated Forms must be utilized for all new Referrals and Authorizations effective April 17, 2024.**

HCBS Referral Form

- Expansion of Parent/Guardian/Legally Authorized Representative (P/G/LAR) information
- Expansion of allowance for CM/C-YES to elaborate on needs and goals for the participant
- Designed to mesh with the online Referral Portal once released

HCBS Authorization Form

- Expansion of P/G/LAR information
- Second procedure code under each authorization request added
- Area to provide rationale for the authorization request
- Emphasis on SMART goals and actionable objectives for each HCBS
- Designed to mesh with the online Authorization Portal once released

Authorization Form Instructional Guide

- Document released with the Authorization form to guide Providers on:
 - Steps to complete the form
 - Guidance on setting HCBS frequency/scope/duration
 - Guidance on setting SMART Goals
 - Guidance on authorizations for Caregiver Family Advocacy and Support Services (CFASS)

DOH plans on moving forward with electronic versions of these forms during the launch of the Electronic Referral Portal in Spring 2024. Feedback received on the recently released forms will be used to inform development of the electronic versions.

HCBS Referral Form – *Updated and Issued February 16, 2024*

The HCBS Referral Form is used by HHCM/C-YES to refer participants to HCBS. The following is a sample of fields in the updated [HCBS Referral Form](#).

HCBS # 2 Referral Request

Please select Children's Waiver HCBS being requested/included in this notice:

- | | |
|--|---|
| <input type="checkbox"/> Community Habilitation | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Day Habilitation | <input type="checkbox"/> Respite Services (Specify below between Planned and/or Crisis) |
| <input type="checkbox"/> Caregiver/Family Advocacy and Supports Services | <input type="checkbox"/> Palliative Care (Specify below between: Massage Therapy, Counseling and Supports Services, Expressive Therapy, or Pain and Symptom Management) |
| <input type="checkbox"/> Prevocational Services | |

Need identified to be addressed and Desired Goal for the identified HCBS:
Family Preferences (Staff Gender/Primary Language, Evening/Weekend Appointments, Time of Day, Group/individual services)

Other services member is receiving related to this goal (if applicable)

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HCBS Authorization Form – Updated and Issued February 16, 2024

The HCBS Authorization Form is used by HCBS Providers to request authorizations for HBCS in alignment with a participant’s Plan of Care (POC) and service needs. The following is a sample of fields in the updated HCBS Referral Form.

Please select the Children’s Waiver HCBS being requested/included in this notice.

- Community Habilitation
- Day Habilitation
- Caregiver/Family Advocacy and Supports Services
- Prevocational Services
- Supported Employment
- Respite Services (Specify below between Planned and/or Crisis)
- Palliative Care (Specify below between Massage Therapy, Counseling and Support Services, Expressive Therapy, and/or Pain and Symptom Management)

HCBS #1	Start date (1 st service visit)	Start date for this authorization period	Frequency	Scope	Duration	Explanation of variation in schedule (if applicable)
Procedure Code						
Procedure Code						

Modality (Check all that apply): Individual Group

If requesting **both** modalities, please note which F/S/D is associated with each modality on the lines provided above.

Goals and Objectives

Clearly state S.M.A.R.T. goals the child’s/youth’s/family has identified and list specific objectives/interventions for the period of requested services. Goals must accurately reflect the participant’s approved Plan of Care. Objectives should be results-oriented, measurable steps towards the overall goal that can be achieved within the requested period of services and delivered as allowable by the service definition in the HCBS manual.

Goal 1
Objective 1 – Is this objective: <input type="checkbox"/> New <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Met
Objective 2 – Is this objective: <input type="checkbox"/> New <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Met
Objective 3 – Is this objective: <input type="checkbox"/> New <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Met

A supplemental [Instructional Guide](#) has also been created to accompany the updated [HCBS Authorization Form](#).