



Department
of Health

Incident Reporting and Management System (IRAMS) User Introduction

For Health Homes (HH) and Care
Management Agencies (CMA)

Agenda

- IRAMS Purpose and Oversight
- Responsibilities and Reporting Requirements
- Accessing IRAMS
 - Who should use IRAMS?
 - Accessing the System
- IRAMS Homepage Overview
- Reporting an Issue (Incident or Complaint/Grievance)
 - Member Connections
 - Complaint Information
 - Issue Details
 - Submitting an Issue
- IRAMS Reporting
- Live Demo

Incident Reporting & Management System (IRAMS) Purpose

- The NEW **Incident Reporting and Management System (IRAMS)** will take the place of current paper-based processes for Health Home Serving Adults (HHSA) and Health Home Serving Children (HHSC)
- The HHs are already required to report critical incidents and MMCP are already required to report critical incidents and complaints. Both already have policies and processes in place
- Reporting Critical Incidents and Complaints/Grievances are performance requirements of the Children's Waiver.
 - These are new requirements for HCBS providers and C-YES, as well as additional requirement for HHSC.
- Due to the increased number of organizations that need to report and additionally reporting requirements, the IRAMS was developed to be automated

At this time MMCP will not be in the IRAMS due to a reporting structure already in place with additional reporting elements.

For the Health, Safety, & Well-being of the Member

- The requirement to report Critical Incidents as well as Complaints/Grievances is to ensure that issues surrounding the members served by Health Homes, C-YES, HCBS providers, and Medicaid Managed Care Plans reviewed, assessed, and addressed for the Health, Safety, and Well-being of the member.
- It is everyone's responsibility to report and ensure issues are addressed
- Collaboration among the service providers of Health Homes, C-YES, HCBS providers, and Medicaid Managed Care Plans should occur whenever possible. Services and Plan of Care adjusted accordingly
- Additionally, all members must be told of their rights to file a complaint/grievance, report an incident, and file a Fair Hearing.

IRAMS Assisting with Compliance and Oversight

- The Children's Waiver began on April 1, 2019 and the State has yet to fully comply with all reporting requirements.
- To comply with the Children's Waiver requirements, HHSC, C-YES, and Children's HCBS providers must use the system to report grievances/complaints and critical incidents effective **April 1, 2021**.
- Children's Waiver requirements are already included in the Children's HCBS Manual and the policy is effective April 1, 2021 for HCBS Providers.
- Additionally, the information will assist the State in oversight
 - For HHSC and HHSA, the system data will be used for re-designation
 - For HHSC, C-YES, and HCBS Providers, the system data will be used for the annual Children's Waiver case reviews

Process and Oversight Responsibilities

HHs and HH CMAs:

Care Managers/Care Management Agencies will report Critical Incidents and Complaints/Grievance (HHSC only) within IRAMS to the lead HH of the member. The Lead HH has oversight to ensure appropriate reporting and actions taken according to HH policies and standards.

C-YES:

C-YES will report Critical Incidents and Complaints/Grievance within IRAMS, which is directly report to NYS DOH.

HCBS Providers:

HCBS Providers will report Critical Incidents and Complaints/Grievance within IRAMS, which is directly report to NYS DOH.

Roles & Responsibilities

HCBS Providers/C-YES

- Submit critical incident or complaint/grievance within 24 hours of discovery date
- Take action to ensure safety and wellbeing of the member
- Notify the member's HH or C-YES to determine if the POC may need updated
- Retain all documentation related to the critical incident or grievance/complaint

CMAs

- Submit critical incident or complaint/grievance (HHSC only) within 24 hours of discovery date
- Take action to ensure safety and wellbeing of the member
- Work with HH to resolve issue and implement appropriate actions
- Retain all documentation related to the critical incident or grievance/complaint

Health Homes

- Review critical incident and complaint/grievance
- Provide assistance to CMA to resolve the issue and implement appropriate actions
- Sign-off that appropriate actions were taken by CMA
- Submit issue to DOH

NYS

- Reviews finalized submissions from HH
- Sign-off that appropriate actions were taken by HCBS Provider/C-YES
- Coordinate with HH/ C-YES / HCBS Provider on steps toward resolution
- Provide technical assistance when indicated
- Reports to CMS

Responsibilities and Reporting Requirements

Critical Incidents Policy

Critical Incident:

- Reporting critical incidents has been a policy requirement for both Health Homes Serving Children and Adults since 2017.
 - IRAMS will replace the current paper-based process that requires reporting for each incident and quarterly aggregate data reporting.
- Critical Incident reporting is required within the Children's Waiver for those children/youth enrolled in Home and Community Based Services.
 - In 2019, the Health Home policy was updated to include children/youth enrolled in HCBS and requiring C-YES to report.
 - Additional reporting reasons were also added to the HH policy for HHSC only
 - Effective April 1, 2021, HCBS providers will be required to report as outlined in the HCBS provider policy.

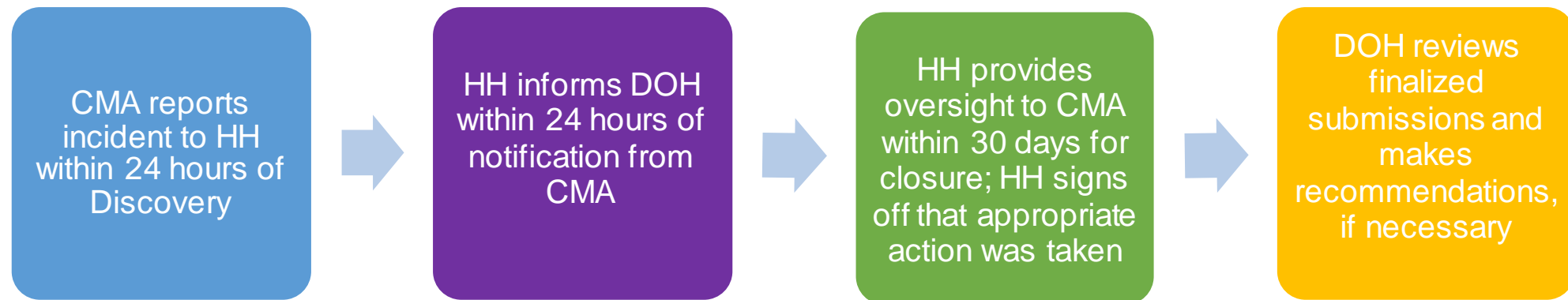
[Health Home Monitoring: Reportable Incidents Policies and Procedures #HH0005](#) – Revised October 2019

[Home and Community Based Services \(HCBS\) Provider Reportable Incidents Policies and Procedures](#)

[#CW0004](#) – Effective April 1, 2021

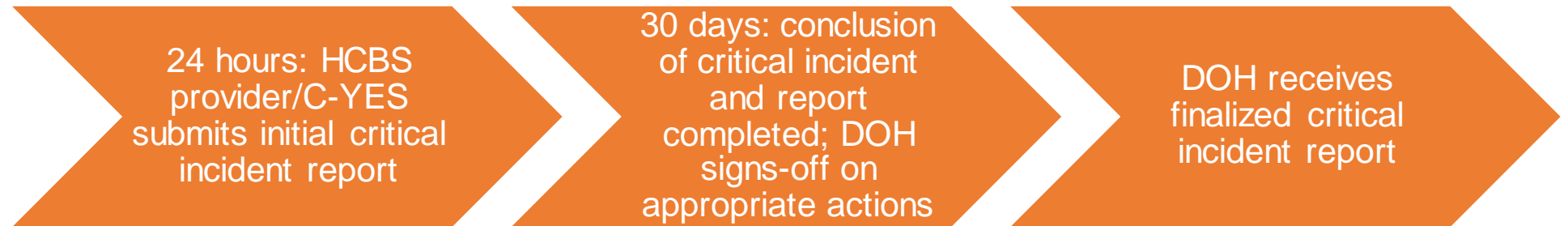
Critical Incident Reporting Timeline – HH/CMA

- The Health Home Care Management Agency (CMA) must inform the Lead Health Home of a reportable incident within 24 hours (or next business day) of notification or discovery (becoming aware of the incident).
- The Health Home (HH) must inform the Department within 24 hours (or next business day) from the CMA's report.
- The Health Home will provide oversight and direction to the CMA to conclude the reportable incident within thirty days (30 days) of receiving the incident report. In IRAMS, *the HH signs off* that appropriate action was taken for critical incidents.
- The Department will review the incident reported by the HH and make recommendations, if necessary.

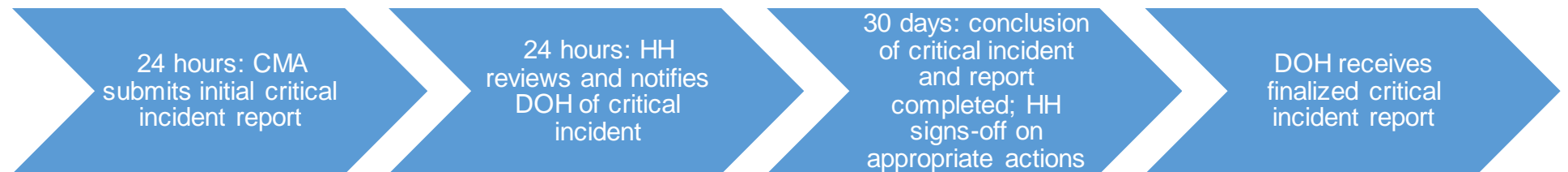


IRAMS Timelines

HCBS Provider/C-YES Critical Incident



HHSA&HHSC /CMA Critical Incident



This is to illustrate that the same timeline and process occurs, however, the Lead HH has oversight of HH CMAs unlike the HCBS providers and C-YES

Complaint and Grievance Policy

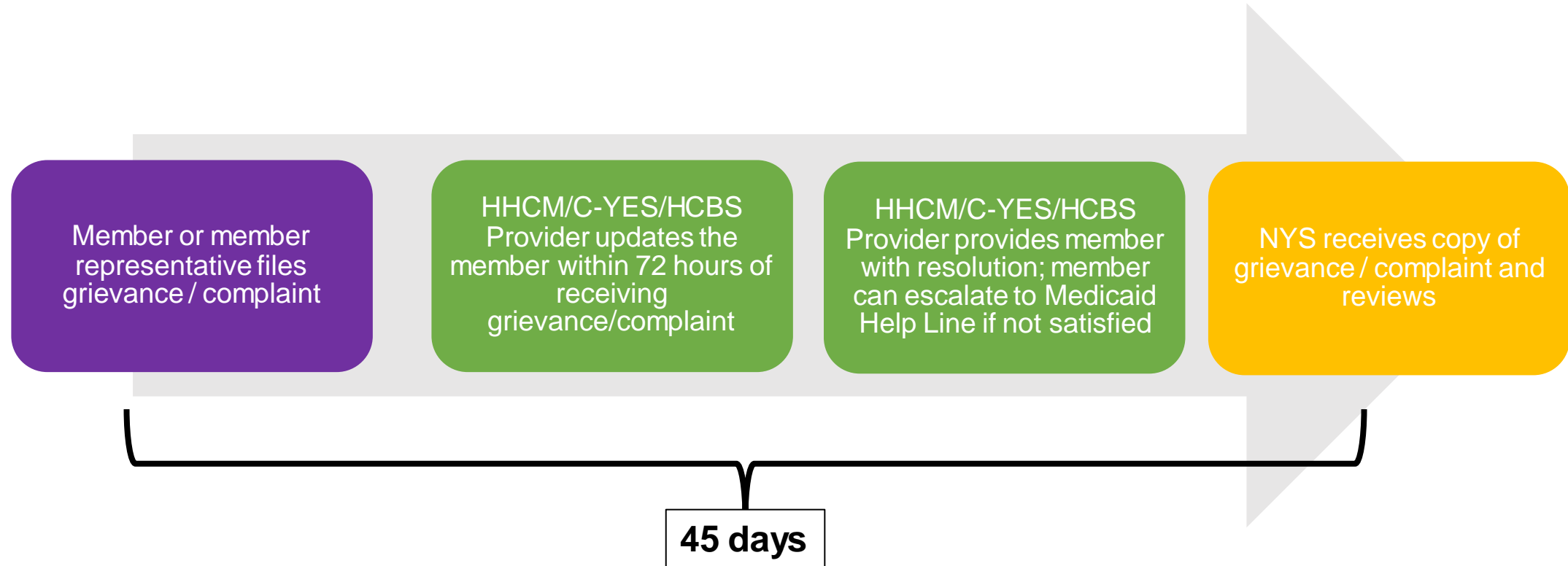
Complaints and Grievances:

- In the original critical incident reporting policy for Health Homes, complaints and grievance were also included, but then removed in the updated policy
 - A number of Health Homes continue to monitor complaints and grievances of members being served.
 - Effective April 1, 2021, HCBS Providers, Health Homes Serving Children (**only**), and C-YES will need to report complaints and grievances as outlined in the Children's Waiver and issued policies.

[Complaint and Grievance Policy for Health Homes Serving Children #HH0013](#) – Effective April 1, 2021

[Complaint and Grievance Policy for Home Community Based Services \(HCBS\) Providers #CW0008](#) – Effective April 1, 2021

Timeline for Responding to Grievances/Complaints



Per policy, complaints must be resolved within 45 days; IRAMS currently flags complaints at 30 days to align with critical incidents

For more information on the grievances/complaints process, see the **Health Home policy:** [here](#)
Or **HCBS Provider policy:** [here](#)

IRAMS Timelines

HCBS Provider/ C-YES Complaint/Grievance



HHSC/CMA Complaint/Grievance



This is to illustrate that the same timeline and process occurs, however, the Lead HH has oversight of HH CMAs, unlike the HCBS providers and C-YES

**Per policy, complaints must be resolved within 45 days; IRAMS currently flags complaints at 30 days to align with critical incidents*

Children's Waiver Performance Metrics

CMS requires the State to monitor, track, trend, and report regarding critical incidents and complaints/grievances – IRAMS will more accurately capture these items for the State.

Critical incident performance measures the State is required to report to CMS:

- “Percent of reports related to abuse, neglect, and exploitation and unexplained death of participants where an investigation was initiated within the established timelines.”
- “Number and percent of substantiated cases of abuse, neglect and exploitation and unexplained death where recommended actions to protect health and welfare were implemented.”
- “Number and percent of participant incidents that were reported, reviewed, and completed within required timeframes as specified in the approved waiver.”
- “Number and percent of unauthorized uses of restrictive interventions including restraints and seclusion that were appropriately reported.”

Reference: [Approved Effective December 1, 2020 HCBS Waiver Application NY 4125 R05.09– December 2020 \(PDF\)](#)

Accessing IRAMS

Who Should Access IRAMS?

- Each **HH/CMA** should identify 2-3 users who will have access to IRAMS (not all care managers need access).
- **Reminder:** Lead Health Homes must complete the “*IRAMS Template*” (emailed on 3/23) on behalf of their network CMAs by noting the 2-3 individuals who will have access to IRAMS. The Department will not grant access to CMAs without information from the Lead Health Home.
 - **IRAMS Template was due Monday 3/29**; completed spreadsheets can be emailed to:
Email Health Homes webform:
<https://apps.health.ny.gov/pubpal/builder/email-health-homes>
Select: IRAMS Questions only- No PHI
 - If Health Homes have yet to turn the spreadsheet in, it needs to be done immediately
- Additional guidance is forthcoming regarding the process to notify DOH of any changes to user access

Who Should Use IRAMS?

- The **lead Health Homes** can determine if they will allow their CMAs to enter IRAMS or if the lead Health Home will enter the information on their own.
 - **Please note:** The IRAMS will be tracking compliance timeframes as outlined in policy, that will later be reportable to CMS.
 - HHs are encouraged to grant access to all CMAs to improve compliance and timeliness.
 - If lead Health Homes choose *not* to grant access to CMAs, they must inform the Department of their policy to ensure complete and timely reporting.

Accessing IRAMS

- Access IRAMS through the Health Commerce System (HCS).
- Access will be given by the HCS Coordinator for each agency (HH, CMA, C-YES, HCBS provider).
- Each identified user must have a valid HCS ID registered with their organization – to set-up an HCS ID, please follow the instructions included in the 3/23 email attachment: *Paperless HCS User Account Request Steps*.
- The HCS Coordinator must assign the **IRAMS Issue Reporter** role to their users.
- The user can then navigate to <https://increp.health.ny.gov/> to access IRAMS beginning on April 1, 2021.

Accessing IRAMS

- The IRAMS application is **not compatible** with Microsoft Internet Explorer. IRAMS is **compatible** with Google Chrome, Microsoft Edge, and Mozilla Firefox.
- After logging-in to HCS and selecting the IRAMS application, the user will be prompted to select their “organization type” (only if they have more than one organization assigned the IRAMS Reporter role).
- Specific features are available or hidden in accordance with the organization type; for example, a CMA may assign an issue to a HH but would be unable to assign an issue directly to the DOH.

Organization Select

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

	Org Type	Org Name
<input type="radio"/>	CMA	Abbott House (02996490)
<input type="radio"/>	CMA	Northwell Health (03457054)
<input type="radio"/>	CYES	Children and Youth Evaluation Service
<input type="radio"/>	DOH	Department of Health
<input type="radio"/>	HH	Northwell Health (03457054)
<input type="radio"/>	HH	Urban Family Practice dba Greater Buffalo United Accountable Healthcare Network - GBUAHN (03489287)

Continue →

IRAMS Homepage Overview

IRAMS Homepage

- Issue Queue
- Viewing Issue Details
- Acting on an Existing Issue
- Report Listing
- Exporting Data
- Issue Quick View
- Search Bar
- User Info/Preferences and Logout
- Returning to the Home Page
- Reporting a New Issue

Issue = the Critical
Incident or
Complaint/Grievance
being reported

IRAMS Homepage: Issue Queue

- The Issue Queue contains summary snapshots of Incidents, Complaints and Grievances.
- Users are able to sort or filter the list based on preferences
- The items shown on the list are based on the user's organization and role
- Click on the information icon on any issue to view the issue details or mark the issue as unread.
- Clicking "View Issue" brings up the Issue Details screen to review the issue and to post a public or private comment
- From the Issue Details screen, clicking "Actions" prompts the user to reassign or close the issue.

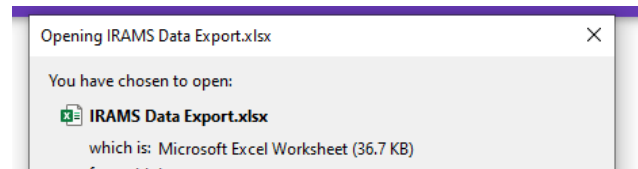
The screenshot displays the IRAMS (Incident Reporting and Management System) homepage. The top navigation bar includes the system name, a search bar, and user profile icons. Below the navigation, there is a 'Report New Issue' button and a section for the 'Issue Queue' with filters for 'All Issues' and 'Unread Only'. The queue lists two issues:

Issue ID	Issue Type	Organization	Category	Member
#1002	Incident	Health Home Serving Adults (HHS)	Abuse - Psychological	sdaosdn lsnvosdn
#000102	Complaint/ Grievance	Health Home Serving Adults (HHS)	Back Up Effectiveness	Yakov Yakovski

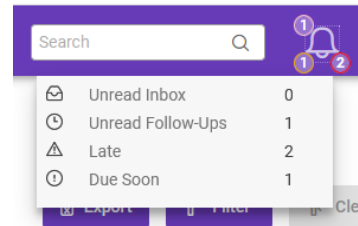
Below the queue, a modal window is shown with two options: 'View Issue' and 'Mark as Unread'. To the right, a 'Confirm Action' dialog is open, offering two choices: 'Reassign to Adirondack Health Institute Inc. for additional follow-up.' and 'Close the issue.' A dropdown menu for 'Select reason for closing' is visible. At the bottom of the dialog, there are 'Cancel' and 'Continue' buttons.

IRAMS Homepage

- Click the “Export” button to export the current issue listing to Excel.



- Click on the bell icon to quickly access a count of Unread, Late, and Due Soon items.



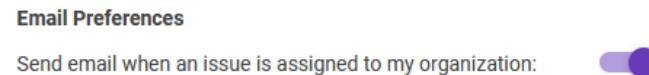
- The search bar allows the user to search issues by Client Identification Number (CIN), Member Name or Issue ID.

IRAMS Homepage

- Clicking on the User Info icon displays current user information, allows the user to edit their profile, and allows the user to sign out of the application.



- Toggle the “Email Preferences” switch to turn on/off email notifications.



- Click the title bar from anywhere in the application to return to the Home Page.

Incident Reporting and Management System (IRAMS)

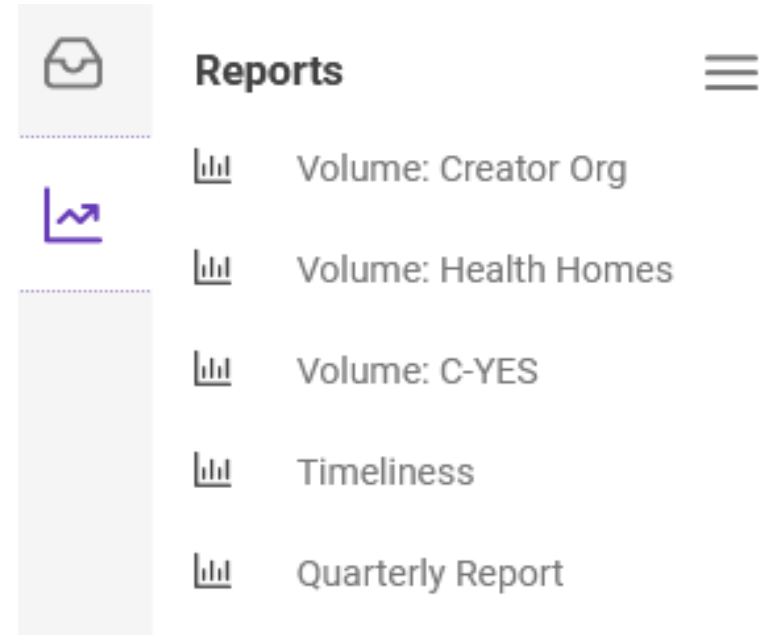
IRAMS Homepage: Reporting a New Issue

- Click the “Report New Issue” button to create a new Incident, Complaint or Grievance.








IRAMS Homepage: Report Listing

- Click the graph icon to view a listing of available reports.



The screenshot shows a sidebar menu for 'Reports'. The menu is titled 'Reports' and has a hamburger icon to its right. Below the title, there are five report items, each with a bar chart icon and a text label. The first item is 'Volume: Creator Org', the second is 'Volume: Health Homes', the third is 'Volume: C-YES', the fourth is 'Timeliness', and the fifth is 'Quarterly Report'. A purple line graph icon is positioned to the left of the second and third items, indicating that these items are currently selected or active.

Reports	
	Volume: Creator Org
	Volume: Health Homes
	Volume: C-YES
	Timeliness
	Quarterly Report

Reporting an Issue

Reporting an Issue

- **Connections**
- **Member**
- **Complaint Information**
- **Issue Details**
- **Submitting an Issue**

These five tabs/topic areas are the same for Critical Incidents and Complaints/Grievances

Report New Issue

[@ Connections](#)

[Member](#)

[Complainant](#)

[Detail](#)

[Review](#)

Member Connections

Select the care manager for the member.

Who is the Member's Care Manager? *

Select Care Manager Type

Children and Youth Evaluation Service

Health Home Serving Adults (HHSA)

Health Home Serving Children (HHSC)

Reporting an Issue: Member Connections

For **HHSA**, enter the Health Home, Care Management Agency, Date of Enrollment, and communication details. When complete, click “Continue” to access the Member Information screen.

Health Home *

Select the Health Home

This field is required.

Care Management Agency *

Select the Care Management Agency

This field is required.

Date of Enrollment

mm/dd/yyyy

Communication with Member

Date of Last Contact with Member

mm/dd/yyyy

Last Contact Type

Select a Contact Type

Date of Last In-Person Contact with Member

mm/dd/yyyy

Reporting an Issue: Member Connections

For **HHSC**, enter the Health Home, Care Management Agency, Date of Enrollment, communication details, and whether the member is enrolled in an HCBS Waiver. When complete, click “Continue” to access the Member Information screen.

Health Home *

Select the Health Home ▼

This field is required.

Care Management Agency * Date of Enrollment

Select the Care Management Agency ▼

mm/dd/yyyy 📅

This field is required.

Communication with Member

Date of Last Contact with Member Last Contact Type

mm/dd/yyyy 📅

Select a Contact Type ▼

Date of Last In-Person Contact with Member

mm/dd/yyyy 📅

HCBS Children's Waiver

Is the child enrolled in HCBS Children's Waiver?

**HCBS Children's
Waiver Enrollment**



Reporting an Issue: Member Information

- The **Member Information** screen contains member demographic details, including CIN, first and last name, preferred name, and the member's current location. Typing in a member CIN and hitting "Enter" will prompt the system to do a search by CIN and will pre-fill fields for which data can be located.
- Once the required fields have been completed, click "Continue" to move to the Complainant page. Alternatively, click "delete" to remove the record.

PLEASE NOTE: "Delete" is used to REMOVE A RECORD FROM THE SYSTEM and should not be used to clear the fields on the screen.

The screenshot shows a web application interface for reporting an issue. The top navigation bar includes links for Connections, Member (active), Complainant, Detail, and Review. The main content area is titled 'Member Information' and contains the following fields:

- Medicaid CIN ***: A search input field with a magnifying glass icon and the placeholder text 'Enter CIN'. Below it, a red error message reads 'CIN not found.'
- First Name ***: An input field with the placeholder text 'Enter First Name'.
- Last Name ***: An input field with the placeholder text 'Enter Last Name'.
- Preferred First Name**: An input field with the placeholder text 'Enter Preferred First Name'.
- Preferred Last Name**: An input field with the placeholder text 'Enter Preferred Last Name'.
- Date of Birth**: An input field with the placeholder text 'mm/dd/yyyy' and a calendar icon.
- Location of Member at the Time of Report**: A dropdown menu with the placeholder text 'Select Current Location' and a downward arrow.

At the bottom right of the form, there are two buttons: a 'Delete' button with a trash can icon and a 'Continue' button with a right-pointing arrow.

Reporting an Issue: Complainant Information

- The **Complainant Information** screen contains the contact information for the person reporting the issue. This should be either the member themselves (self-report) or a person acting on their behalf. Additional information captured in the Complainant Information screen includes the date the complaint was reported, and the method used, e.g., Email, In Person, Phone, Letter, Text, or Videoconference.

PLEASE NOTE: The issue is not recording with an identifying number until the Complainant Information screen has been completed.

Complainant Information

Enter the contact information for the person who is reporting the issue. This should be the member (self-reported) or the advocate acting on their behalf.

Complainant's Relationship to Member *

Select the relationship ▼

This field is required.

<p>First Name *</p> <input type="text" value="Enter First Name"/>	<p>Last Name *</p> <input type="text" value="Enter Last Name"/>
<p>Email</p> <input type="text" value="Enter Email"/>	<p>Phone Number</p> <input type="text" value="Enter Phone Number (555-555-5555)"/>
<p>How was the Issue Reported? *</p> <div style="border: 1px solid #ccc; padding: 5px;"> Select a Contact Type ▼ </div>	<p>Date Issue was Reported (Discovery Date) *</p> <div style="border: 1px solid #ccc; padding: 5px;"> Select Discovery Date 📅 </div>

This field is required.

Complainant is the person reporting issue or filing the complaint – it could be the member or someone acting on their behalf

Reporting an Issue: Issue Details

- The Issue Details screen contains information specific to the Incident, Complaint or Grievance, including the date of occurrence, a detailed description of the issue, the impact to the member, actions taken, media coverage, and provider involvement.
- Begin by selecting the Issue Type: Incident OR Complaint/Grievance (each will prompt a different drop-down list to correspond with the types defined in the policies)
- At this time, the issue ID and a “draft” notation is assigned.

Issue Details
Describe the issue, negative impact to the member, and the actions taken to resolve the issue.

Issue Type *
 Incident Complaint/Grievance

Incident Type *
Select an Issue

- Abuse - Misappropriation of Member Funds
- Abuse - Neglect
- Abuse - Physical

Clicking on the **Information icon** will display a dictionary of Incidents and Complaints to assist with selection. These descriptions align with the issued policies. Clicking “Select” in this listing will assign the selection to the Incident Type or Complaint/Grievance Type field.

Reporting an Issue: Issue Details

- Continue reporting the issue by noting the date of occurrence and a description, as well as the Justice Center Identifier (if known and applicable).
- The Discovery Date displays what was entered on the Complainant Information page and cannot be edited from this page.

Please Note: The date of occurrence must be *on or before* the Discovery and Action dates.

- Following the issue description continue by selecting the actions taken and noting the date of the first action. More than one action may be selected.

Date the Incident/Complaint Occurred *	Date Issue was Reported (Discovery Date)
<input type="text" value="03/12/2021"/>	<input type="text" value="03/14/2021"/>
Justice Center Identifier	
<input type="text" value="Enter Justice Center ID"/>	
Issue Description *	
<input type="text"/>	
Actions Taken	First Action Date
<input type="text" value="Select Action(s)"/>	<input type="text" value="Select Action Date"/>
<input type="checkbox"/> Documentation of incident/complaints <input type="checkbox"/> Follow-up with Authorities / Obtain Outcome <input type="checkbox"/> Follow-up with Provider(s) / Collaterals <input type="checkbox"/> Mandated Reporter Compliance	

Reporting an Issue: Issue Details

- Note any media coverage and provider involvement.

Please Note: toggling “Media Coverage” on will require the user to enter information into the Media Coverage text box. Please do not include obituaries in the Media Coverage section.

- Click “Continue” to review the issue details and submit the report, or “Delete” to completely remove the record.

Media Coverage

Provide link(s) to media coverage. Do not include obituaries.

Media Coverage



Provider Involvement

Was the Care Manager or HCBS Provider directly involved in the incident?*



No Involvement



Children and Youth Evaluation Service



Delete

Continue




Department
of Health

Reporting an Issue: Actions Taken

- Following the issue description, users must select the actions taken and record the date the first action was taken. The description of the actions taken should support the selection.
- More than one action may be selected

Actions Taken

Select Action(s) 


Documentation of incident/complaints

Follow-up with Authorities / Obtain Outcome

Follow-up with Provider(s) / Collaterals

Mandated Reporter Compliance

First Action Date

Select Action Date 

Reporting an Issue: Submitting an Issue

- The **Review** page displays a complete listing of all information entered. The user should carefully review this page before submitting the issue.
- Clicking on any previous page allows the user to make changes to individual fields. **Changes will not be saved** until “Continue” is clicked on the page being updated.

[Connections](#)
[Member](#)
[Complainant](#)
[Detail](#)
[Review](#)

Review the reported issue and submit the report.

Connections

Care Management:	Health Home Serving Children (HHSC)
Health Home:	BESTSELF BEHAVIORAL HEALTH, INC
Care Management Agency:	Abbott House
Enrollment Date:	03/22/2021

Communication with Member

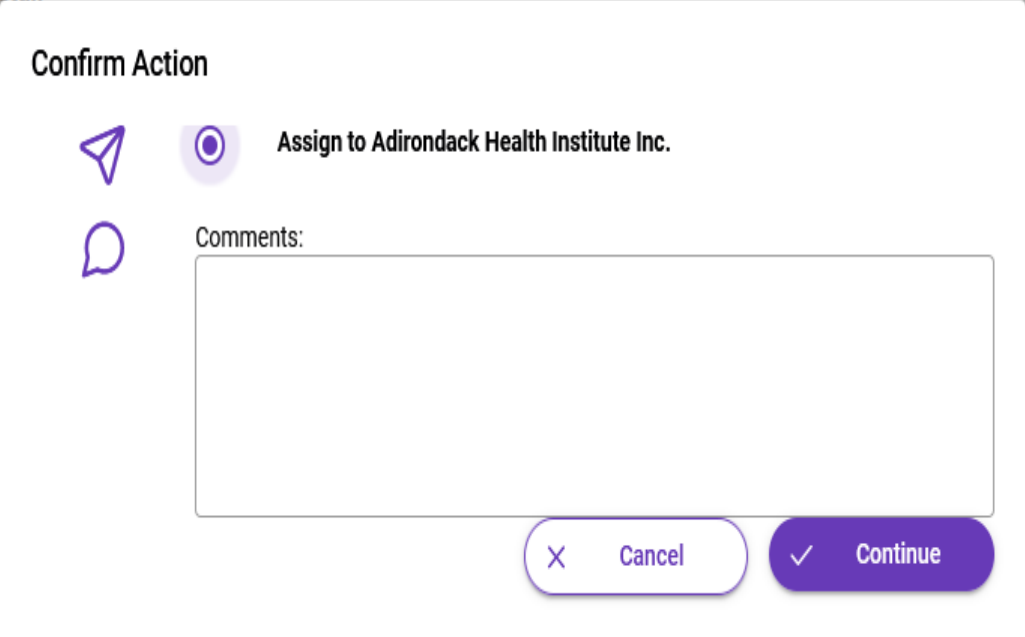
Last Contact Date:	03/22/2021
Last Contact Type:	Email
Last In-Person Contact Date:	03/22/2021

Member

CIN:	AA12345B
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Reporting an Issue: Submitting an Issue

- Clicking the “Actions” button brings up a dialog box that prompts the user to confirm assignment to the appropriate agency and provide comments.
- Select “Cancel” to return to the review page, or “Continue” to submit the issue and return to the IRAMS home page.
- Once submitted, the issue will be routed to either the Health Home (for issues submitted by CMAs) or to DOH.






The screenshot shows a 'Confirm Action' dialog box. At the top left, there is a purple location pin icon. To its right is a purple target icon followed by the text 'Assign to Adirondack Health Institute Inc.'. Below these is a purple speech bubble icon followed by the label 'Comments:' and a large, empty white text input area. At the bottom right, there are two buttons: a light purple button with a white 'X' icon and the text 'Cancel', and a dark purple button with a white checkmark icon and the text 'Continue'.

Reporting an Issue: Submitting an Issue

- **It is the responsibility of the HH, C-YES, and HCBS Providers to ensure all appropriate actions were taken**
- For critical incidents, this includes that steps were taken to ensure the safety and well-being of the participant
- For complaints/grievances, this includes that the issue was resolved or appropriately escalated
- Note: for issues submitted by CMAs, HH's confirm appropriate actions were taken; for issues submitted by HCBS Providers/C-YES, DOH confirms appropriate actions were taken

Confirm Action

  Assign to Adirondack Health Institute Inc.

 Comments:

IRAMS Reporting

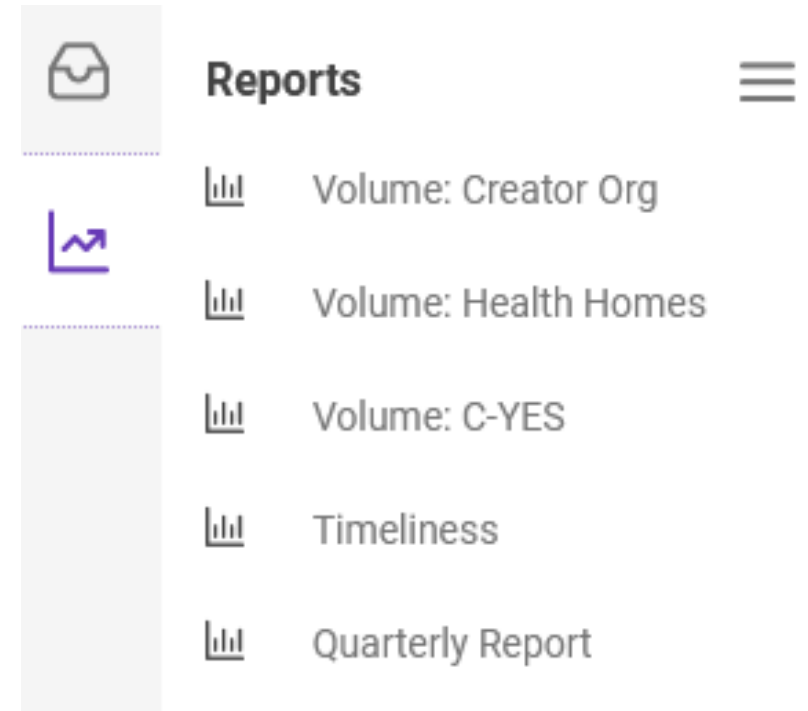
IRAMS Reporting

- Using Quick Filters
- Exporting a Report to Excel

From the IRAMS home page, select the reporting icon to view a list of available reports.

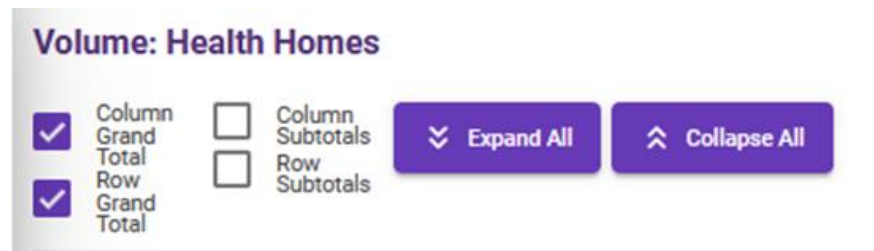
Please Note: the display reflects reports available for the selected organizational role.


Reports were built off the current (paper-based) reporting templates and incorporate the performance measures required by the federal government as well as feedback from Health Homes

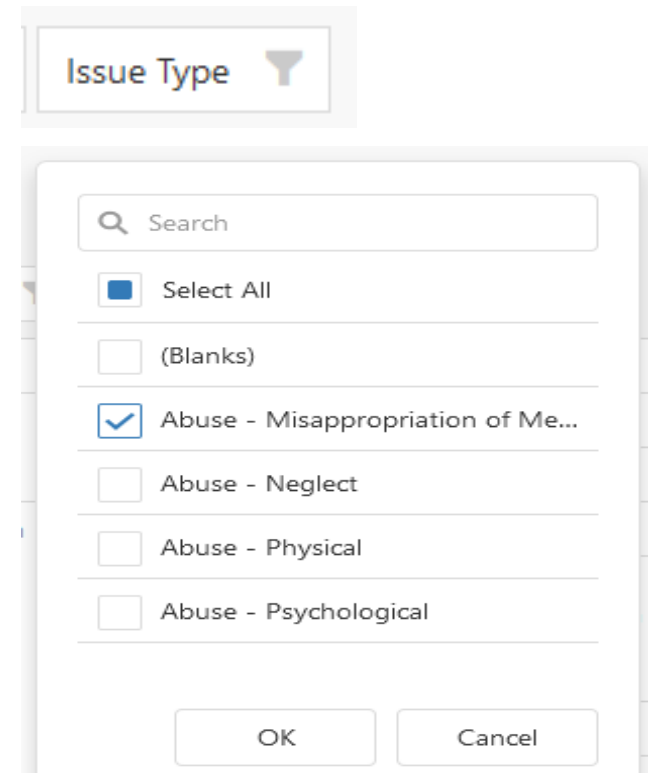


IRAMS Reporting

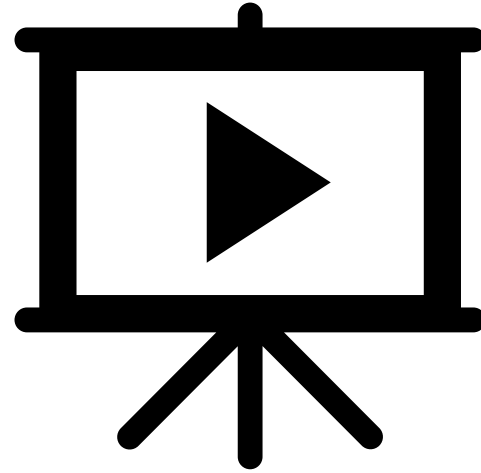
- Users can quickly filter on any category by clicking the filter icon to narrow the display in the report preview screen
- Selecting “Total” options will add Grand and Subtotals to the report.



- Clicking the  icon will export the report to Excel .xlsx format



IRAMS Live Demo



Questions/Feedback

- Questions and requests for technical assistance regarding IRAMS can be sent to the **Email Health Homes webform**:
<https://apps.health.ny.gov/pubpal/builder/email-health-homes> **Select: IRAMS Questions only- No PHI**
- Users should also share feedback over the next 30-60 days so changes or updates can be made to the system as needed
- **Thank you** to the Health Home focus group that already provided feedback!



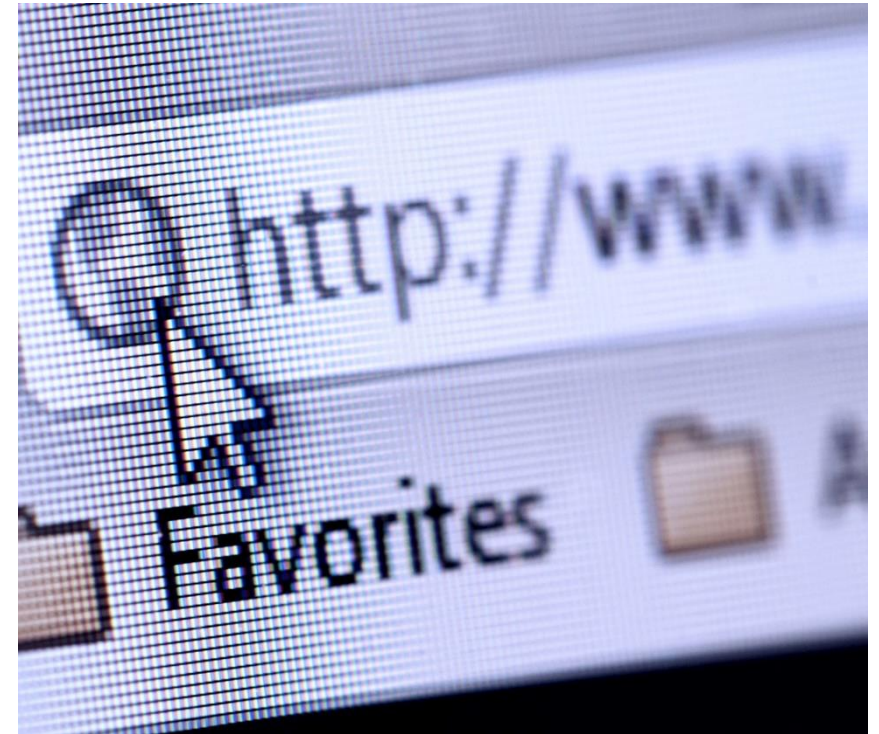
Appendix

Resources and Questions

- HHCMs and HH CMAs should first talk with their Lead Health Home regarding questions and issues they may have
- Question regarding IRAMS can be sent to the **Email Health Homes webform**: <https://apps.health.ny.gov/pubpal/builder/email-health-homes> **Select: IRAMS Questions only- No PHI**
- Questions, comments or feedback on Health Homes Serving Children to: hhsc@health.ny.gov or contact the Health Home Program at the Department of Health at 518.473.5569
- Specific Questions/Comments regarding Transition services BH.Transition@health.ny.gov
- Subscribe to the HH Listserv http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm

Children's Waiver Website:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm



NYS DOH Website

Find guidance, policies, forms, webinars, and more on the NYS DOH 1915c Children's Waiver webpage located at, https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm

Department of Health
Individuals/Families Providers/Professionals Health Facilities Search

Children's Behavioral Health You are Here: [Home Page](#) > [Behavioral Health](#) > 1915(c) Children's Waiver and 1115 Waiver Amendments

1915(c) Children's Waiver and 1115 Waiver Amendments

As part of the Children's Medicaid System Redesign, the 1915(c) Children's Waiver and 1115 Demonstration Waiver work together to offer an array of services to provide the communities in the least restrictive settings. The goals of the Children's Waiver are to keep children/youth on their developmental trajectory, identify needs early and intervene to maintain accountability for improved outcomes and delivery of quality care, and make more services available to children/youth from birth to age 21.

This site provides information related to the Children's Waiver – including guidance and resources for providers, care managers, managed care organizations, families, and BH.Transition@health.ny.gov

IMPORTANT: Please visit our main Health Home page for COVID-19 Updates and Policy Guidance

CANS-NY Information and Resources can be found on the Health Home Serving Children page

Home Children's Medicaid System Transformation—Webinars/Trainings/Timelines Children and Family Treatment and Support Services 1915(c) Children's Waiver and 1115 Waiver Provider Designation Managed Care Organization (MCO) Qualification Process Billing Guidance Information for Consumers/Medicaid Recipients Children's Medicaid Redesign Team (MRT) 29-J Health Facility (VFCA Transition) Children's Health Homes Links/Learn More	Overview of 1915c Children's Waiver and 1115 Waiver	Family and Consumer Information	Children's HCBS Waiver Provider Guidance, Policies, & Training	Children's HCBS Manuals and Rates
Adult Behavioral Health Home MRT BH Subcommittees Archive Behavioral Health Home and Community Based Services (BH HCBS) Health Homes for Individuals in HARPs and HARP Eligibles in HIV	Capacity Management	Eligibility	Plan of Care	Care Management Guidance, Policies, & Training
	Child and Youth Evaluation Services (C-YES)	EMods, VMods, AT, & Non-Medical Transportation	OPWDD Resources	Archive

Resources: Policies

Children's Waiver Participants Rights Policy

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/cw0009_participants_rights_and_choice_policy.pdf

Health Home Grievances and Complaints Policy

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/docs/hh0013_hhsc_complaint_and_grievance_policy.pdf

HCBS Provider Complaints and Grievances Policy

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/cw0008_hcbs_provider_complaints_and_grievances_policy.pdf

Health Home Reportable Incidents Policy

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/docs/hh0005_reportable_incidents_rev_10_2019.pdf

HCBS Provider Reportable Incidents Policy

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/cw0004_hcbs_provider_reportable_incident_policy.pdf

Department of Health Complaints

- Enrollees and providers may file a complaint regarding managed care plans to DOH
 - 1-800-206-8125
 - managedcarecomplaint@health.ny.gov
- When filing:
 - Identify plan and enrollee
 - Provide all documents from/to plan
 - Medical record not necessary
- Issues not within DOH jurisdiction may be referred
- DOH is unable to arbitrate or resolve contractual disputes in the absence of a specific governing law
- File Prompt Pay complaints with Department of Financial Services:
<https://www.dfs.ny.gov/insurance/provlhow.htm>



Referral Form Instructions

- The Children and Youth Evaluation Service (C-YES) accepts referrals from individuals and providers including a parent, wider family member, doctor, therapist, school guidance counselor, CBOs and others:
- Individuals and families should call C-YES so that we can send you a Referral Form and a pre-paid return envelope in the mail right away! You can mail back the form in the envelope at no cost to you. Call C-YES at 1-833-333-CYES (1-833-333-2937). TTY: 1-888-329-1541
- Providers and Organizations with secure email protocols can download the Referral Form below. Return the form to: CYESREFERRAL@MAXIMUS.COM. Be sure to include the child/youth's name and contact information.
- [C-YES Referral Form](#)