



Department
of Health

Children's HCBS Information in the MAPP HHTS

March 15, 2022

Purpose

The purpose of this presentation is to provide in one place a discussion of how Children's HCBS information is displayed within the MAPP HHTS.

This presentation will be posted to the website and will be updated as needed.

Agenda

- Source of HCBS Information within MAPP HHTS
- HCBS Information in MAPP HHTS Files
- Locating HCBS Assessment and Fair Hearing/State Review Details
- Identifying HCBS Eligible Members Potentially not Receiving Services
- C-YES Flag Based on HCBS Information from UAS
- Early Intervention and High-Fidelity Wraparound Flags

Source of HCBS Information within MAPP HHTS

The MAPP HHTS receives updates throughout the day from the UAS containing general information regarding members' HCBS assessments (outcome, date, assessor), including Fair Hearing/State Review status. There are also fields within the system that flag a members as HCBS based on the member's active K1 RE code.

This information is available throughout the MAPP HHTS via screens and file downloads and is accessible to providers that have a relationship with the member within the MAPP HHTS (segments for CMAs & HHs/member's enrolled MCP)

Additionally, there are two files that summarize the paid claims and encounters that have been reported to the Medicaid within the past 12 months.

HCBS Information in MAPP HHTS Files

- Assessment Download File – this file contains all HCBS assessment information from the UAS for a provider’s members.
 - **Assessment Type** (field # 4) – filter to ‘HCBS’
- Child Referral Download File - this file contains information collected during the *Children’s Referral Portal* process. The field below is populated by the entering provider and is not vetted against UAS/RE code information.
 - **HCBS Referral Indicator** (field # 31) – filter to ‘HCBS’
- Enrolled Members Detail Download File – the purpose of this file is to combine different high-level information about a member into one file. It contains two fields summarizing a member’s HCBS assessment:
 - **Assessment Type** (field # 6) – filter to ‘H’ for HCBS
 - **Most Recent Signed and Finalized Date for CANS or HCBS** (field # 21) – for HCBS records, contains the most recent assessment’s finalized date.

HCBS Information in MAPP HHTS Files

- HCBS Member Billed Claims Download File – this file contains a record for each claim/encounter for Children’s HCBS services reported to Medicaid with service date within the past 6 months for the members connected to the downloading provider, including the service date, rate code, and service provider.

Member ID	First Name	Last Name	DOB	County of Fiscal Responsibility Code	County of Fiscal Responsibility Description	HH Name	HH MMIS Provider ID	CMA Name	CMA MMIS Provider ID	MCP Name	MCP MMIS Provider ID	Service Date	Rate Code	Rate Description	Billed Provider Name	Billed Provider MMIS ID
			04192006	52	WARREN								8003	CAREGIVE		
			04192006	52	WARREN								8003	CAREGIVE		
			04192006	52	WARREN								8003	CAREGIVE		
			04192006	52	WARREN								8003	CAREGIVE		
			04192006	52	WARREN								8003	CAREGIVE		
			04192006	52	WARREN								8003	CAREGIVE		
			04192006	52	WARREN								8003	CAREGIVE		
			04192006	52	WARREN								8003	CAREGIVE		
			04192006	52	WARREN								8003	CAREGIVE		
			04192006	52	WARREN								8003	CAREGIVE		
			04192006	52	WARREN								8003	CAREGIVE		

HCBS Information in MAPP HHTS Files

- HCBS Member Services Download – this file contains one record for each member associated with the downloading provider that has an active K1, is HCBS eligible per the UAS, or received an HCBS service within the past 6 months.
 - **Recent Child HCBS Service** (field # 13) – ‘Y’ means the member has received an HCBS service in the past 6 months
 - **Child HCBS Eligibility Status** (field # 8) – If the member’s most recent HCBS record assessment outcome = 'C' then this value will be populated by 'Y', otherwise 'N'
 - Fields 14-31 indicate using Y/N if the member received a services under listed rate code in the past 6 months

Member ID	First Name	Last Name	Date of Birth	County of Fiscal Resp Code	County of Fiscal Resp Desc	K1 Status	Child HCBS Eligibility Status	HH Name	HH MMIS ID	CMA Name	CMA MMIS Provider ID	Recent Child HCBS Service	7933: DAY HAB	8003: CARE GIVER FAMILY	8004: CARE GIVER FAMILY	8005: CAREGIVER FAMILY	8006: PREVOCA TIONAL SERVICES	8007: PRE-VOC	8008: PRE-VOC
				15	ESSEX 15	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	Y	N	Y	N	N	N	N	N
				1	ALBANY 01	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	N	N	N	N	N	N	N	N
				50	TOMPKINS 50	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	Y	N	N	N	N	N	N	N
				13	DUTCHESS 13	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	Y	N	Y	N	N	N	N	N
				39	ROCKLAND 39	Y	N	HH Name	HH MMIS	CMA Name	CMA MMIS	Y	N	Y	N	N	N	N	N

HCBS Information in MAPP HHTS Files

- Enrollment Download File – this file contains a provider’s segments.
 - **Child HCBS Flag Based on R/E Code** – populated w ‘Y’ if the member has an active K1 RE code when the file is requested.
- Health Home Assignment File – contains members that are in the assignment status with the Health Home/Care Management Agency (not yet enrolled).
 - **Child HCBS Flag** – (field # 113)
- Managed Care Plan Assignment File - contains members that are in the assignment status with the Managed Care Plan (not yet enrolled).
 - **Child HCBS Flag** – (field # 121)



Department
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Locating HCBS Assessment and Fair Hearing/State Review Details

March 15, 2022

HCBS Assessment and Fair Hearing/State Review Details

Enter the member's CIN on **My Members** and navigate to the member's case by clicking the link in the *Segment* field.

The screenshot shows the 'My Members' search interface. It includes various filters for member information, a 'CIN Details' section with a dropdown menu for 'CIN#' (highlighted with a green circle), and a 'Download File Format' section. Below these are search and action buttons. At the bottom, a table displays search results for 4 items.

Member	DOB	Managed Care Plan	Health Home	Care Management Agency	Segment	Begin Date	End Date	Status	Reason
<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Enrollment	11/1/2020	10/31/2021	Closed	Transferred to another HH

HCBS Assessment and Fair Hearing/State Review Details

Click on *Assessments* > *Children's HCBS Eligibility* > *expand carrot* for details

The screenshot displays a user interface for a child's record. At the top left, there is a profile icon for a child named "Primary" who is 5 years old. Below this is a navigation bar with tabs: Home, Segments, Consent, Plan Of Care, Assignments, Child Referral Info, Transaction History, Tasks, and Assessments. The "Assessments" tab is highlighted with a green circle. On the left side, there is a sidebar menu with items: HML Assessments, Children's Questionnaire, CANS-NY Assessments, Children's HCBS Eligibility (circled in green), and Community Mental Health. The main content area shows a table of assessments. The first row is expanded to show details for an assessment completed on 1/5/2022. The table has columns for Date of Completion, Reference Date, HCBS Assessment Outcome, Target Population, and Assessment Status. The details section includes fields for HCBS Assessment ID, Assessing Organization, MMIS ID, Assessing Organization Name, Primary Diagnosis (Anxiety Disorders), Reference Date (1/5/2022), Health Home, and several override options (Type of Override, Continuation of Services, Override Decision, Date of Override Decision, Override Signature Date) all set to "No Selection".

Date of Completion	Reference Date	HCBS Assessment Outcome	Target Population	Assessment Status
1/5/2022	1/5/2022	LOC	Serious Emotional Disturbance	Completed
Displaying Selected Assessment Details				
HCBS Assessment ID Assessing Organization MMIS ID Assessing Organization Name Primary Diagnosis: Anxiety Disorders Reference Date: 1/5/2022 Health Home Type of Override: No Selection Continuation of Services: No Selection Override Decision: No Selection Date of Override Decision Override Signature Date				
1/6/2021	1/6/2021	LOC	Serious Emotional Disturbance	Completed

HCBS Assessment and Fair Hearing/State Review Details

HCBS information is also available in the member's Member Specific Report. Request this report by entering the member's CIN on ***My Members***, navigate to the member's page by clicking the link in the *Member* field.

My Members

* required field

First Name Last Name

Min. Age (Years) Max. Age (Years) Language

County Zip Code Program

Member Status Consent Consenter

Segment Segment Status

Reason Segment Begin Date Segment End Date

CIN Details

CIN#

Delimiter

Download File Format

File Format

Zip Download File

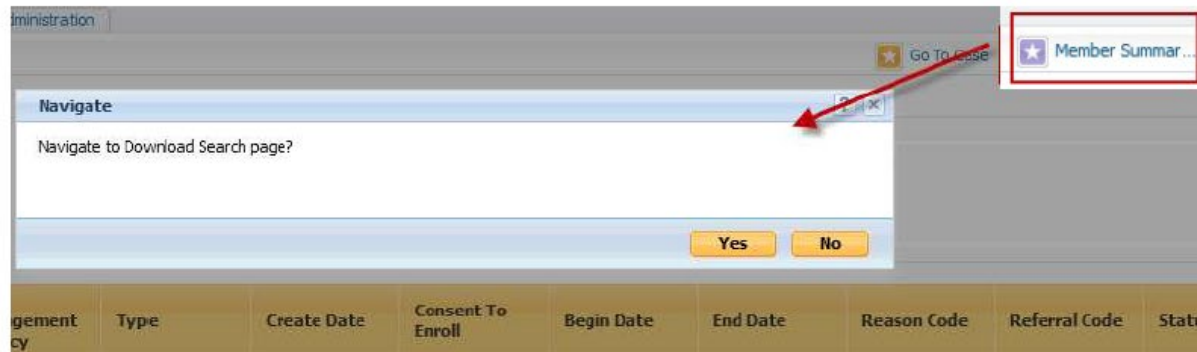
Search Reset Download Search Results Create Outreach Create Enrollment Accept Modify Pend Delete

Search Results (Number of Items: 4)

<input type="checkbox"/> Member	DOB	Managed Care Plan	Health Home	Care Management Agency	Segment	Begin Date	End Date	Status	Reason
<input type="checkbox"/> Member CIN and Name					Enrollment	11/1/2020	10/31/2021	Closed	Transferred to another HH

HCBS Assessment and Fair Hearing/State Review Details

From the member's page, click on the *Member Summary* button. The user will then be redirected to the *Download files* screen where the Member Report PDF will process and be available for download.



Search Results

File ID	File Name	File Type	Requested By	Generated On	File Status
123456	225_MemberSummary_20220204.pdf	Member Summary Report	MAPP User 1	2/4/2022 03:01 PM	Processed

HCBS Assessment and Fair Hearing/State Review Details

Listed below are the two sections within the Member Summary Report that displays the member's HBCS Assessment/Fair Hearing/State Review information.

HCBS information

Rec seq number	Assessment Outcome	Finalized Date	Assessor Organization Name	Assessor Organization MMISID	HH Name	HH MMIS Provider ID	Target Population Description
1	LOC	11/2/2020	Little Flower Children & Family Services of New Y	00328083	THE COLLABORATIVE FOR CHILDREN AND	04280397	0
2	LOC	12/13/2019	Little Flower Children & Family Services of New Y	00328083	THE COLLABORATIVE FOR CHILDREN AND	04280397	0

HCBS Override

Rec seq number	Assessment Outcome	Finalized Date	Type of Override	Continuation of Services	Override Decision	Date of Override Decision	Override Signature Date
1	LOC	11/2/2020	State Review	Yes	Denied	5/5/2021	5/10/2021



Department
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Identifying HCBS Eligible Members Potentially not Receiving Services

March 15, 2022

Identifying HCBS Eligible Members Potentially not Receiving Services

From the HCBS Member Services Download file, filter the **Child HCBS Eligibility** field to 'Y' and the **Recent Child HCBS Service** field to 'N' to identify members that are HCBC eligible that may not have received an HCBS service in the past 6 months

Member ID	First Name	Last Name	Date of Birth	County of Fiscal Resp Code	County of Fiscal Resp Desc	K1 Status	Child HCBS Eligibility Status	HH Name	HH MMIS ID	CMA Name	CMA MMIS Provider ID	Recent Child HCBS Service	7933: DAY HAB	8003: CARE GIVER FAMILY	8004: CARE GIVER FAMILY	8005: CAREGIVER FAMILY	8006: PREVOCA TIONAL SERVICES	8007: PRE-VOC	8008: PRE-VOC
				15	ESSEX 15	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	Y	N	Y	N	N	N	N	N
				1	ALBANY 01	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	N	N	N	N	N	N	N	N
				50	TOMPKINS 50	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	Y	N	N	N	N	N	N	N
				13	DUTCHESS 13	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	Y	N	Y	N	N	N	N	N
				39	ROCKLAND 39	Y	N	HH Name	HH MMIS	CMA Name	CMA MMIS	Y	N	Y	N	N	N	N	N
				14	ERIE 14	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	N	N	N	N	N	N	N	N
				39	ROCKLAND 39	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	Y	N	Y	N	N	N	N	N
				26	MONROE 26	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	N	N	N	N	N	N	N	N
				14	ERIE 14	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	N	N	N	N	N	N	N	N
				1	ALBANY 01	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	N	N	N	N	N	N	N	N
				26	MONROE 26	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	N	N	N	N	N	N	N	N
				15	ESSEX 15	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	N	N	N	N	N	N	N	N
				39	ROCKLAND 39	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	Y	N	Y	N	N	N	N	N
				39	ROCKLAND 39	Y	N	HH Name	HH MMIS	CMA Name	CMA MMIS	Y	N	N	N	N	N	N	N
				33	ORANGE 33	Y	Y	HH Name	HH MMIS	CMA Name	CMA MMIS	Y	N	Y	N	N	N	N	N
				10	COLUMBIA 10	N	N	HH Name	HH MMIS	CMA Name	CMA MMIS	N	N	N	N	N	N	N	N



Department
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C-YES Flag Based on HCBS Information from UAS

March 15, 2022

Flagging C-YES Members based on UAS

C-YES is the Children and Youth Evaluation Service, which is a statewide program that determines whether a child/youth (under age 21) is eligible for Home and Community Based Services (HCBS) for children who do not currently have Medicaid or for children who opt-out of the Health Home Serving Children's program.

The MAPP HHTS will now flag members whose most recent HCBS assessment was completed through C-YES. The purpose of this flag is to identify members who either recently entered the Health Home program through C-YES or to flag members who are eligible for HCBS services but have opted out of the Health Home program.

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/c-yes.htm

Flagging C-YES Members based on UAS

- This information is based upon a member's most recent HCBS assessment completed within the UAS
- This field will display on member-related screens (*My Members, Member CIN Search*) and will appear as a Y/N indicator on the following files:
 - CIN Search Download
 - My Members Download
 - Enrolled Member Details Download
- Additionally, C-Yes information will be included in the *Program Type* section of the Member Summary Report (pdf.)
- C-YES information processed for individuals not known to the HHTS will be displayed on the CIN Search screen only.

Flagging C-YES Members based on UAS

From the Member CIN Search Screen

Member Search Report	
Member	Coverage Code Description
Generated On	Program Participation
Latest Address	Opt-Out Signature Date
Latest Phone	Opt-Out Submission Date
Medicaid End Date	Opt-Out Submitted by User
Assigned Health Home	Opt-Out Submitted by Organization Name
Enrolled Health Home	Pending Transfer Create Date
Managed Care Plan	Pending Transfer Effective Date
ACT Member	Pending Transfer Initiated By
CYES Member	01-ALL BENEFITS (A)
Coverage Code	



Department
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Early Intervention and High-Fidelity Wraparound Flags

March 15, 2022

EI and HFW Information

The MAPP HHTS can now collect members' connection to Early Intervention and High-Fidelity Wraparound programs.

DOH will provide additional information outlining what information Health Homes/Care Management Agencies will need to upload to and maintain within the MAPP HHTS.

Once this information is uploaded to the tracking system, it will be available throughout the system (please see the *MAPP Health Home Tracking System Release 3.9* webinar power point linked below for instructions on how to upload this information into the system and where within the system it will be displayed

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/docs/mapp_hhts_release_3.9_fi_nal.pdf