



**Department
of Health**

**Medicaid
Redesign Team**

MAPP HHTS

Weekly Webinar

January 10, 2017

Agenda

- Review of Housing Questions on the HML
- CANs-NY tiers
- New Webinar Schedule/Troubleshooting
- HH Contact Information
- RE Code 95 & S1
- Adult HML Assessment/Children's Questionnaire
ARE required each month

Housing Questions on HML Questionnaire

- We have recently become aware that there may be some confusion regarding the completion of the housing questions in Billing Support Upload File
- We understand the confusion when it comes to the Error Descriptions, we are working on making them more clear
- We will review some scenarios regarding the system logic regarding these questions

Housing Questions on HML Questionnaire

Billing Support Upload File					
Field #	Field	Start Pos	Length	End Pos	Format
1	Add/Void Indicator	1	1	1	Alpha (A/V)
2	Member ID	2	8	9	AA11111A, Alphanumeric
3	Service Date	10	8	17	MMDDYYYY, Numeric
4	Diagnosis Code	18	10	27	Alphanumeric
5	Pre-Conditions of member	28	16	43	Numeric (no commas)
6	Description of "Other" pre-condition	44	40	83	Alphanumeric
7	HIV Status	84	1	84	Alpha (Y/N)
8	HIV Viral Load	85	1	85	Numeric
9	HIV T-Cell Count	86	1	86	Numeric
10	Member Housing Status	87	1	87	Alpha (Y/N)
11	HUD Category	88	1	88	Numeric
12	Incarceration	89	1	89	Alpha (Y/N/U)
13	Incarceration Release Date	90	8	97	MMDDYYYY, Numeric
14	Mental Illness	98	1	98	Alpha (Y/N/U)
15	Mental Illness Discharge Date	99	8	106	MMDDYYYY, Numeric
16	Substance Abuse	107	1	107	Alpha (Y/N/U)
17	Substance Abuse Discharge Date	108	8	115	MMDDYYYY, Numeric
18	SUD Active Use/Functional Impairment	116	1	116	Alpha (Y/N)
19	Core Service Provided	117	1	117	Alpha (Y/N)
20	AOT Member	118	1	118	Alpha (Y/N)
21	AOT Minimum Services Provided	119	1	119	Alpha (Y/N)
22	ACT Member	120	1	120	Alpha (Y/N)
23	ACT Minimum Services Provided	121	1	121	Alpha (Y/N)
24	AH Member qualifies for Adult Home Plus Care Management	122	1	122	Alpha (Y/N)
25	AH Member transitioned to community	123	1	123	Alpha (Y/N)
26	AH Member continues to quality	124	1	124	Alpha (Y/N)
27	AH Member interested in transitioning	125	1	125	Alpha (Y/N)
28	CMA Direct Biller Indicator	126	1	126	Alpha (Y/N)
29	Child in Foster Care	127	1	127	Alpha (Y/N)
30	HUD1 within past 6 months	128	1	128	Alpha (Y/N)
31	Member Housed	129	1	129	Alpha (Y/N)
32	Date Member Housed	130	8	137	MMDDYYYY, Numeric
33	Expanded HH+ population	138	1	138	Alpha (Y/N)
34	HH+ Minimum Services Provided	139	1	139	Alpha (Y/N)

- If you answer **No** to “Member Housing Status” (Field 10), the “HUD1 within past 6 months” (Field 30) is a required field.
 - If your response to the “HUD1 within past 6 months” (Field 30) is **Yes**, then “Date Member Housed” (Field 32) is a required field.
- If you answer **Yes** to “Member Housing Status” (Field 10), the “HUD Category” (Field 11) is a required field.

Let's Look at It On Screen...

The screenshot shows the 'HML Assessment' form. It includes sections for 'Functional Indicators' and 'Program Related' information. A red oval highlights the question: 'Did the member meet the HUD1 definition of homelessness within the past 6 months?' with a dropdown menu currently set to '--Please Select--'. Other questions include 'Is the member homeless?' (set to 'No'), 'Was the member incarcerated within the past year?' (set to 'No'), and 'Is the member in AOT?' (set to 'No'). At the bottom, there are buttons for 'Cancel', 'Save & Exit', and 'Next'.

“Is the Member Homeless?”
Question equates with
“Member Housing Status” (field
10 on BSU)

If **No** is selected for “Is the
Member Homeless?”, then
question “HUD 1 within the past
6 months” (field 30 in BSU) must
be answered

Let's Look at It On Screen...

Previously – “Is the Member Homeless” (field 10 in BSU) answered with **No**

If **Yes** is selected for “HUD1 within the last 6 mo” (field 30 in BSU), “Date Member Housed” (field 32 in BSU) **must be populated with a date**

If **No** is selected for “HUD1 within the last 6 mo” all additional housing questions should be **blank**

The screenshot shows the 'HML Assessment' form with the following fields and values:

- What is the member's viral load? *: <200
- What is the member's T-Cell count? *: --Please Select--
- Functional Indicators section:
 - Is the member homeless? *: No
 - Did the member meet the HUD1 definition of homelessness within the past 6 months? *: Yes (indicated by a red arrow)
 - Date Member Housed: [Blank]
 - Was the member incarcerated within the past year? *: No
 - Did the member have a recent Inpatient Stay status for mental illness? *: No
 - Did the member have a recent inpatient stay for substance abuse? *: No
 - SUD Active Use/Functional Impairment? *: No
- Program Related section:
 - Is the member in AOT? *: No
 - Is the member in the expanded HH+ population? *: --Please Select--
- MCP/HH Relationship: No
- Buttons: Cancel, Save & Exit, Next

Housing Questions on HML Questionnaire

Billing Support Upload File					
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34	HH+ Minimum Services Provided	139	1	139	Alpha (Y/N)

- If the “Member Housing Status” field is populated with a value of **N**, then the “HUD 1 within past 6 months” field is **required**
- If the “Member Housing Status” field is populated with a value of **Y**, then the “HUD 1 within past 6 months” field must be **blank**
- If within the past 6 months a member had a value of **01 - HUD Category** in the “HUD Category” field, then the “HUD 1 within past 6 months” field must be populated with a value of **Y**
- If the “HUD 1 within past 6 months” field is populated with a value of **Y**, then the “Date Member Housed” field is **required**
- If the “HUD 1 within past 6 months” field is populated with a value of **N**, then the “Date Member Housed” field must be blank
- If the “Member Housing Status” field contains a value of **Y**, then the “Date Member Housed” field must be **blank**

Let's Look at It On Screen...

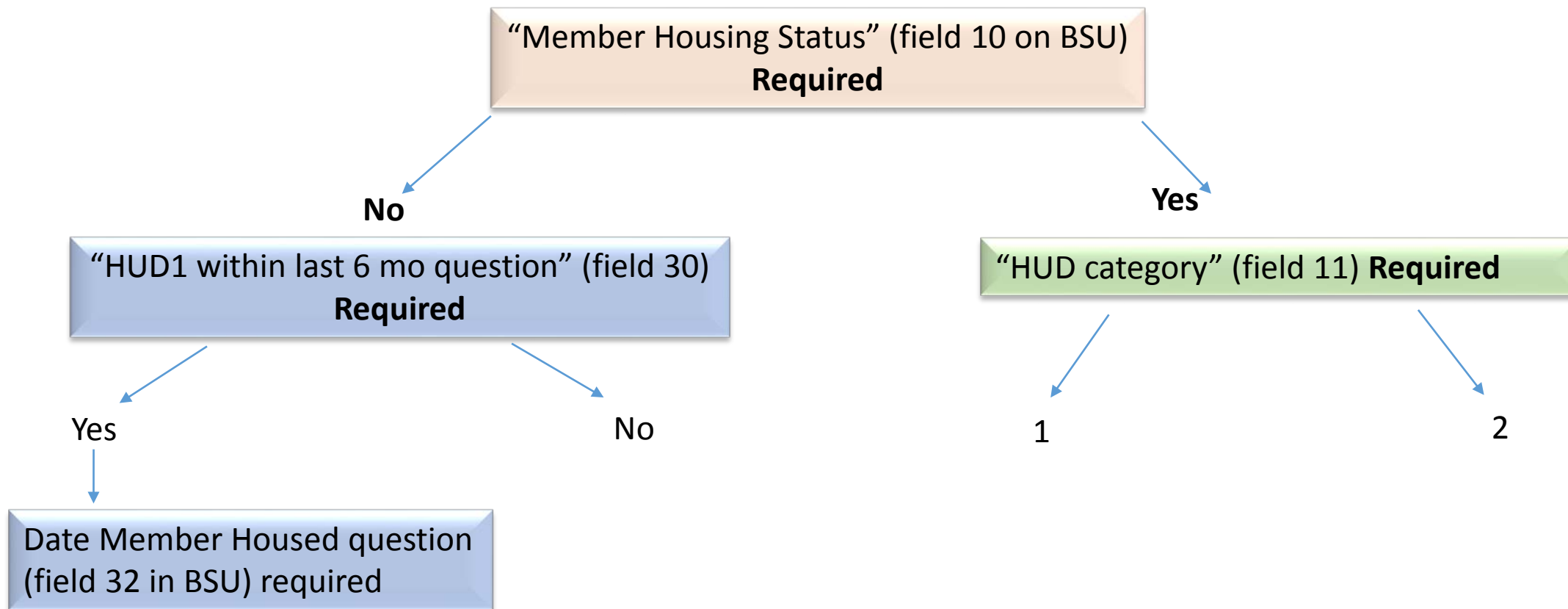
The screenshot shows the 'HML Assessment' form with the following fields and values:

- Is the member HIV positive? * Yes
- What is the member's viral load? * <200
- What is the member's T-Cell count? * --Please Select--
- Functional Indicators**
- Is the member homeless? * Yes (highlighted with a red arrow)
- Does the member meet the HUD Category 1 or HUD Category 2 level of homelessness? * --Please Select-- (circled in red)
- Was the member incarcerated within the past year? * No
- Did the member have a recent Inpatient Stay status for mental illness? * No
- Did the member have a recent inpatient stay for substance abuse? * No
- SUD Active Use/Functional Impairment? * No
- Program Related**
- Is the member in AOT? * No
- Is the member in the expanded HH+ population? * --Please Select--

At the bottom, there are buttons for 'Cancel', 'Save & Exit', and 'Next'. The 'MCP/HH Relationship' is listed as 'No'.

“Is the Member Homeless?”
Question equates with
“Member Housing Status” (field
10 on BSU)

If Yes is selected for “Is the
Member Homeless?” “HUD
Category” (field 11on BSU) **must
be answered**



Follow the logic above to determine which questions to answer, if the question does not appear as you go down the tree the field must be left blank on the BSU file

CANs-NY Tier Determination

- When downloading the BSD file one will find a CANs-NY completion date but no tier
- You would need to work with the assessor/assessing agency to determine the member's tier for billing
- Once you complete the monthly billing assessment, this field will be populated
- In the future we hope to be able to add this data to MAPP HHTS, but at this time there are many other enhancements that are priorities
- Please follow the link below for instructions on locating a member's CANS-NY assessment in MAPP HHTS:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hhsc_webinar_01_04_2017.pdf

Weekly Webinar Schedule

- Weekly Webinars Have been scheduled through 3/28/2017
- This schedule is available on the MAPP section of the HH website

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/mapp_hhts_webinar_schedule.xlsx

Date	Day & Time	Link to Participate (click on click 15 minutes prior to meeting)	Event number	Event password
1/10/2017	Tuesday 1:00 PM - 2:00 PM	https://meetny.webex.com/meetny/onstage/g.php?MTID=e5fb14ee6e3724a2929cc615fde39dc4f	642 137 807	5kfNruBc
1/17/2017		https://meetny.webex.com/meetny/onstage/g.php?MTID=e394395fc0cc31743e6fa959f653fb4b9	643 564 708	sFeHiQU2
1/24/2017		https://meetny.webex.com/meetny/onstage/g.php?MTID=e6f83b108c93db89a22f56bb2e1928262	648 904 756	ByapXkF2
1/31/2017		https://meetny.webex.com/meetny/onstage/g.php?MTID=eacd6c78f6dc951288cced3fa30762874	640 141 773	gmccyVk8
2/7/2017		https://meetny.webex.com/meetny/onstage/g.php?MTID=e3ce6bd0e2de5c5cf714b3d2b1b597803	647 577 491	XD43fzKK
2/14/2017		https://meetny.webex.com/meetny/onstage/g.php?MTID=e21e4c5298e0f91d2eb96d8513e9f51e5	645 962 183	pRY6iv3n
2/21/2017		https://meetny.webex.com/meetny/onstage/g.php?MTID=eb448ac7b3d2f3115389e82bb8d02f136	642 525 414	PmZ94RdX
2/28/2017		https://meetny.webex.com/meetny/onstage/g.php?MTID=e49b1714ce3a013fa07bbfc6379e5f472	643 045 605	c5MfXE3n
3/7/2017		https://meetny.webex.com/meetny/onstage/g.php?MTID=e8ce3c77c81df6083abfba2bd2ecec4c6	643 704 389	GPKJpVH3
3/14/2017		https://meetny.webex.com/meetny/onstage/g.php?MTID=ee2efd92036e8b86ed06c65f5ed680d69	649 197 126	4sgqy2aw
3/21/2017		https://meetny.webex.com/meetny/onstage/g.php?MTID=e2c7b3707ea931fb93fe16bf66d0f5275	646 559 915	3byfJZ4f
3/28/2017		https://meetny.webex.com/meetny/onstage/g.php?MTID=efecc7f5d0ef122cf2b9a91b02b73c4c8	643 129 572	ZwuTMcs2

MAC Webinar Troubleshooting

- Below are two links to Webex shared knowledge based articles that describe how to trouble shoot webex problems when joining or installing Event center webex webinar on a Mac:
 - <http://kb.webex.com/WBX69408>
 - <http://kb.webex.com/WBX66258>
- If the links above do not resolve your issue, please contact webex directly at:

(Available 24 hours a day, 7 days a week for current customers only.)

Contact: <https://support.webex.com/support/manage-ticket.html>

Phone: U.S. and Canada Toll-Free 1-866-229-3239

International Toll +1 916-636-9000

For additional support numbers, please refer to: [International toll-free phone numbers](#)

This information is also available on the MAPP section of the Health Home website:

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

RE Code 95 & S1

- The system does not allow a provider to create a segment for a members with an RE 95 OR S1
- We are working to correct this issue so that members with RE code 95 & S1 are accepted into the system. This *should* be complete by Monday 1/16/17; however, we will let you know during the next webinar on Tuesday 1/17/17 if this fix was made in the system.
- A member with RE code 95 can **ONLY** receive Health Home services if they are not already receiving OPWDD Service Coordination. It is the provider's responsibility to confirm that the member is not receiving OPWDD Service Coordination prior to creating a segment for a member with RE code 95.

Adult HML Assessment/Children's Questionnaire ARE required each month

- Providers are required to completed the Adult HML Assessment/Children's Questionnaire for each member each month whether or not the member received services that month.

Health Home Contact Information

- For MAPP HHTS issues, contact: MAPP Customer Care (518) 649-4335 or email MAPP-CustomerCareCenter@cma.com
- For HH policy questions, contact the DOH Health Home Provider Line (518) 473-5569 or submit an email using the HH email web form: https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action
- For MAPP HHTS Training Newsletters or MAPP HHTS presentations: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_mapp.htm