



**Department
of Health**

Medicaid
Redesign Team

New Releases and Enhancements NYS Eligibility Assessment and Community Mental Health Assessment

September 7, 2016

New Release: Resources and Information

- Tentative release week of September 14, 2016
- Special addendum version 1.6 August 2016
- Handy Cross walk of changes and purpose for the changes
- Brief video outlining the Aggregate Summary Report
- All current trained users will receive notification of the updates and links to the resources
- This recorded webinar and the cross walk of changes will be posted to the DOH website for reference

Sign and Lock Function

New rules created for Sign & Lock Function for BOTH Eligibility Assessment and CMHA

- The System will verify that a value has been selected for both Health Home name and MC Plan name
- If either one of the fields is blank, then the Sign and Lock function will be halted and the user will be provided with an error message.
- The system will verify that the assessor has completed all required items for a “complete” assessment process. If the required items are not completed, the finalization process will be halted and assessors will be presented with an error message
- *Note: The system will NOT allow the generation of the Eligibility Summary report until the assessment has been signed and locked.*

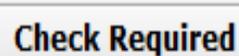
Sign and Lock



Welcome, nxd11

Search Reports Tools Help

Name: **Sheresa Perry** Medicaid ID: **AA22222A** Date of Birth: **APR-14-1962**



⚠ You cannot sign the assessment until all fields used in the HCBS eligibility determination algorithms have been completed. You can use the [Check Required] function to find missing items.

Sheresa Perry

Eligibility

06/02/2016

Reference Date

Identification

Assessment

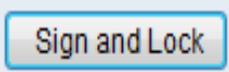
Sign & Lock

05/10/2016

Community MH

Click the Sign and Lock button to "Finalize" the assessment

This function will add your User ID and current date and time to the assessment, which will become immediately locked from any further changes.



The Reference Date and Identification sections can be unlocked ONCE, by a Manager, within 90 days of the original Lock date. Afterwards, all sections will be permanently locked.

Required Fields

- Users cannot Sign and Lock an assessment unless all required fields have been completed. The system will automatically verify that all fields are answered. “Required items” includes the following:
 - Reason for Assessment
 - Health Home name (with option to indicate “Not enrolled in Health Home”)
 - Managed Care Plan name
 - Two items from Identification section
 - Residential/Living Status (used in eligibility determination algorithms)
 - New item related to verification of the person’s current RE code (specified in #1.).

Please Note

- The list of Health Homes that is derived from information provided by the Health Commerce System (HCS) will be augmented by a special entry that users can select under very limited circumstances when no actual Health Home is applicable to the person. The text for this special option is “*Not enrolled in a Health Home*”. When the assessor has not selected a Health Home and/or MC Plan (for records signed and locked PRIOR to this new release), the label for MISSING Health Home data will be “*No Health Home identified*” or “*No MC Plan Identified*”.

Unlocking signed assessments

- If for any reason the assessment must be changed AFTER a Sign & Lock is used, only a user with the role of “Manager” will have the option to reopen the assessment using the [Undo Sign/Lock] button, which is also located in the Sign & Lock section. Clicking on this button will remove the previous credentials and unlock the assessment to permit additional edits. This must be performed within 90 days and can only be performed a single time.
- In the Eligibility Assessment, only the Reference Date and Identification sections will be unlocked. This will support making important changes to Health Home and MC Plan that may emerge following the completion of the assessment process. Once the edits are completed, the user with “Manager” role must then repeat the [Sign/Lock] function. Note: All signing and un-signing procedures are tracked in the audit log of the system.

View or edit an assessment

- Open the case file by clicking on person in case list, and clicking [Open Case File]
- Click on either Eligibility Assessment or Community MH node to see assessment date.
- Click on the assessment date to view or edit
- Click on section of the assessment record to be viewed or edited
- Scroll through responses to find fields to be viewed or edited
- Only assessments that are NOT YET SIGNED AND LOCKED can be edited.

CMEIAS Welcome, nxd11 Search Reports Tools

Name: **Sheresa Perry** Medicaid ID: **AA22222A** Date of Birth: **APR-14-1962**

+ Add Refresh Delete Update Comments Check Required Review Missing

Sheresa Perry

- Eligibility
 - 06/02/2016
 - 05/10/2016
- Community MH
 - 08/02/2016
 - A: Identification Info
 - B: Intake and Initial History
 - C: Mental State Indicators**
 - D: Substance Use/Excessive
 - E: Harm to Self or Others
 - F: Behavior

SECTION C: MENTAL STATE INDICATORS

Mental State Indicators
Code for indicators observed in last 3 days, irrespective of the assumed cause. Note: whenever possible, ask person

Set all to "Not present"

Mood Disturbance

Sad, pained, or worried facial expressions (e.g., furrowed brow, constant frowning)

- No selection
- Not present
- Present but not exhibited in last 3 days

Carry forward option: Auto generating CMHA from Eligibility Assessment

- The system will automatically create a new CMH Assessment whenever a user signs and locks an Eligibility Assessment whose results indicate that the person is eligible for HCBS program. The new CMH Assessment will include all data values entered into the Eligibility Assessment, with the intent of facilitating the process of completing the full CMH Assessment at the earliest possible point

The screenshot displays the CMEAS web application interface. At the top left is the CMEAS logo. The user is logged in as 'Welcome, nxd11'. Navigation links for 'Search', 'Reports', 'Tools', and 'Help' are visible. The main header area shows the member's name 'Sheresa Perry', Medicaid ID 'AA22222A', and Date of Birth 'APR-14-1962'. Below this is a toolbar with buttons for '+ Add', 'Refresh', 'Delete', 'Update Comments', 'Check Required', and 'Review Missing', along with a set of navigation icons. A red notification banner states: 'A Community Mental Health Assessment has been created for this member and pre-populated with the responses from the HARP/HCBS Eligibility Assessment. You may need to click the REFRESH button to access the new assessment.' On the left sidebar, the member's name 'Sheresa Perry' is shown with a status of 'Eligibility' and a 'Reference Date' of '06/02/2016'. The main content area contains the instruction: 'Click the Sign and Lock button to "Finalize" the assessment'. Below this, a text box explains: 'This function will add your User ID and current date and time to the assessment, which will become immediately locked from any further'. A 'Sign and Lock' button is positioned to the right of this text.

Modified data collection for HARP Enrollment

- Added a new item to collect HARP enrollment details in the Reference Date section of the Eligibility Assessment and the Identification section of the CMHA that reads: “*The Assessor has verified in eMedNY/ePACES that the individual has one of the following HARP-specific Restriction Exception (RE) codes: H1 H2 H3 H4 H5 H6*”.
- To ensure that assessors verify HARP enrollment prior to conducting assessments.
- Avoid assessments of HARP eligible but not yet enrolled in HARP plan

Revised and expanded Tobacco item

- This item has changed from “*Uses tobacco daily*” to “*Uses tobacco or e-cigarettes daily*”
- Response was expanded to include the following new response: “*Not a daily user, but used in the last month*”
- To capture the use of e-cigarettes and use of tobacco that is not daily.
- Enhance opportunity to provide nicotine recovery support

Revised Psychiatric Diagnosis

Current DSM-IV fields (3 codes and 3 texts) are no longer visible and four new text fields are available to collect DSM-IV or DSM-5 information as follows:

“Psychiatric Diagnoses

(Mental Health and Substance Use Disorder)

DSM-IV and/or DSM-5 diagnosis/diagnoses (patient- or medical-record reported).

List top four diagnoses/disorders

1. _____

2. _____

3. _____

4. _____

”

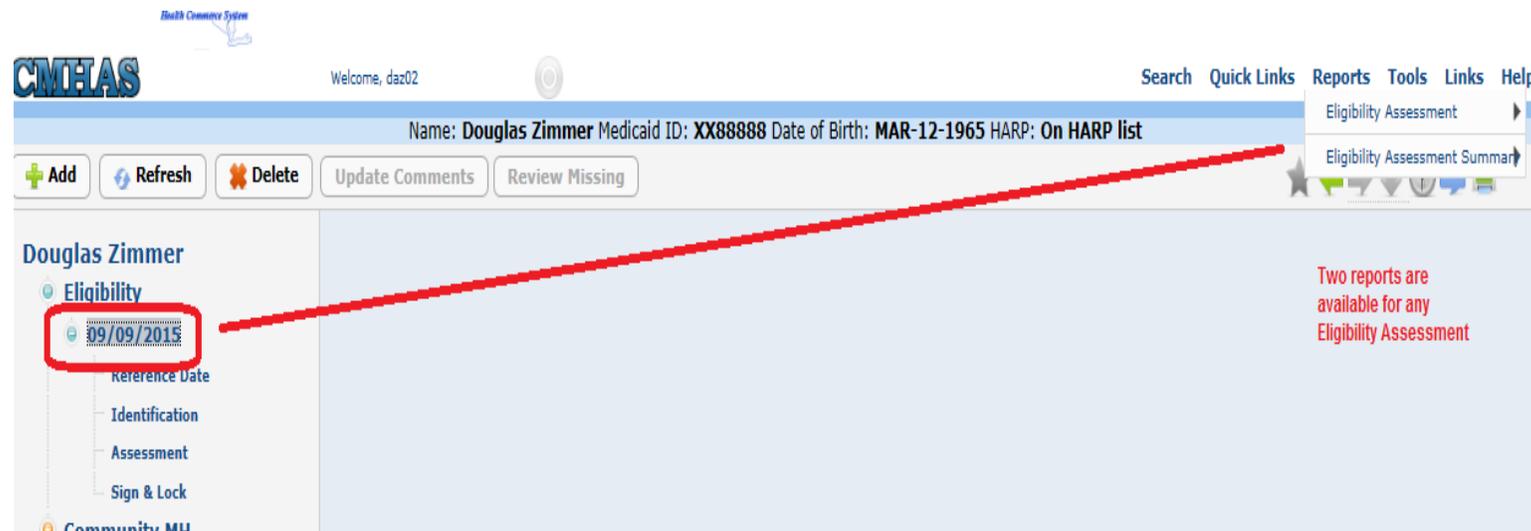
Several Revisions to SUD

Addition of new items in Section D (Substance Use or Excessive Behavior) based on the Addiction Severity instrument from interRAI

- Changed wording for High Risk Consumption.
- Changed wording for Overdose and insert **NEW** second Overdose-related field.
- Added ten (10) **NEW** items for Readiness for Change (note: five different topics each have two dimensions of questions for total of ten items).
- Added **NEW** item for Informal Support Network.

Report Options: Eligibility Assessment

- For an Eligibility Assessment the following two reports are available:
- Eligibility Assessment Report = Listing of responses in assessment
- Eligibility Summary Report = Summary of HCBS eligibility results (NOTE: This report cannot be generated until the Eligibility Assessment has been Signed and Locked.)
- The system will display the available reports under the Reports menu (at top of display):



The screenshot displays the CMHAS (Community Mental Health Assessment System) interface. At the top, the user is logged in as 'daz02' and the system name 'CMHAS' is visible. The main header shows the patient's name 'Douglas Zimmer', Medicaid ID 'XX88888', and date of birth 'MAR-12-1965'. A navigation menu at the top right includes 'Search', 'Quick Links', 'Reports', 'Tools', 'Links', and 'Help'. The 'Reports' menu is open, showing 'Eligibility Assessment' and 'Eligibility Assessment Summary'. Below the header, there are action buttons: 'Add', 'Refresh', 'Delete', 'Update Comments', and 'Review Missing'. The main content area shows a sidebar for 'Douglas Zimmer' with a red box highlighting the date '09/09/2015' under the 'Eligibility' section. A red arrow points from this date to the 'Eligibility Assessment' option in the Reports menu. A red text box on the right side of the screen states: 'Two reports are available for any Eligibility Assessment'.

Report Options: CMHA

- For the CMH Assessment the following six reports are available:
- CMH Assessment Report = Listing of responses in assessment
- Clinical Assessment Protocols = Summary of triggering of all CAPs
- interRAI Scales = Summary of calculation of interRAI scales
- Medications = Listing of all medications entered under CMH
- Diseases = Listing of all specific diseases entered under CMH
- The system will display the available reports under the Reports menu (at top of display):

The screenshot shows the CMEAS system interface. At the top, it says "Welcome, nxd11". Below that, the patient information is displayed: "Name: Sheresa Perry Medicaid ID: AA22222A Date of Birth: APR-14-1962". There are several action buttons: "+ Add", "Refresh", "Delete", "Update Comments", "Check Required", and "Review Missing". The main content area shows the patient's record for "Sheresa Perry" with a "Community MH" section. A date "07/12/2016" is highlighted with a red box. A red arrow points from this date to a dropdown menu on the right. The dropdown menu has a title "Search Reports Tools" and contains the following items: "Aggregate Reports", "CAPs", "CMH Assessment", "CMH Assessment Complete", "Medications", and "Scales". Below the dropdown menu, there is a red text box that says "Five reports are available for CMH Assessment".

Report view

When users click on the name of the reports in the menu list, the system will generate the report and make it available in the “PDF” file format, Users can either view the report or send it to a local printer, as shown for the Eligibility Summary Report

Office of Mental Health
Office of Alcoholism and Substance Abuse Services
NYS Community Mental Health Assessment System
Eligibility Summary Report from CMH Assessment

Name: Sheresa Perry Local Case Number: Sheresa
Medicaid ID: AA22222A Gender: Female
Date of Birth/Age: 04/14/1962 (54)

Assessment Date: 05/10/2016 Health Home: Catholic Charities of Broome County

Program Eligibility

Categories	Eligibility Criteria
HCBS Tier 1 services	Met
Individual Employment Support Services	
Education Support Services	
Peer Support Services	Expressed Interest
HCBS Tier 2 services	Met

Need Levels for Functional Domains

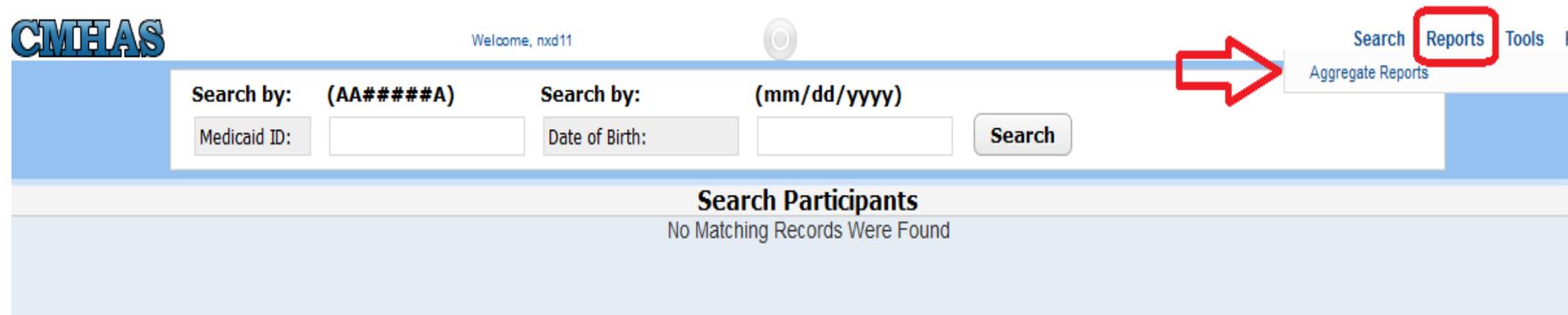
Functional Domain	Below Criteria	Moderate Need	Extensive Need
Employment/Education	X		
IADLs *		X	

Aggregate Report Enhancements

- Two new reports are available under Reports menu (Aggregate) that can be run by Managers:
 - **Finalized Assessments Report**
 - Lists all assessments, both Eligibility Assessments and Community Mental Health Assessments, finalized during a user-defined time period
 - Summarizes work accomplished by assessors
 - Report will display information on HCBS Eligibility results as follows:
 - For ALL Eligibility Assessments
 - For only those CMHAs with Reason for Assessment of SCA-1.
 - **Not Yet Finalized Report**
 - Lists all assessments, both Eligibility Assessments and CMHAs, that were added during a user-defined time period that have NOT yet been finalized
 - Summarizes assessments that need further action by assessor
- Both reports will be generated with the same logic - the "relevant" records for any given report depends on the organization running the report.
- Role provisioning will be expanded to include a limitation on which roles can run Aggregate Reports; this function will be limited to Manager and State roles.

Running Aggregate Reports

- To run the Aggregate Reports, users first click on the Report menu, then “Aggregate Reports”.



The screenshot displays the CMEIAS web application interface. At the top left is the CMEIAS logo. In the center, it says "Welcome, nxd11". On the right side, there is a navigation menu with "Search", "Reports", and "Tools". The "Reports" menu item is highlighted with a red box, and a red arrow points to it from the left. Below the navigation menu, there is a search section with two input fields: "Search by: (AA#####)" labeled "Medicaid ID" and "Search by: (mm/dd/yyyy)" labeled "Date of Birth". A "Search" button is located to the right of these fields. Below the search section, there is a section titled "Search Participants" with the message "No Matching Records Were Found".

Four step Process

- Select which report is needed: Assessment Finalized or Assessment Not Finalized
- Specify time period for report
 - Select Month/Year for Start Date (using pull-down lists)
 - Select Month/Year for Stop Date (note: can be same month/year as Start Date)
 - Note: reports are limited to maximum time period of one calendar year
- Select export type : Acrobat PDF (default, recommended) or Microsoft Excel XLS file
- Click [Generate Report] ; use [Reset] to change to default setting when running several reports

Aggregate Report Screen

Aggregate Reports

Report Selection

- Assessments Finalized
- Assessments Not Finalized

Step 1

Start Date: Select a Month ▼ Select a Year ▼

Step 2

Stop Date: Select a Month ▼ Select a Year ▼

Report Export Type: Portable Document Format (PDF) ▼

Step 3

Generate Report

Reset

Step 4

Defining applicable records

- For user from Org with Org Type = HH-CMA, the report will include all assessments created by that Org
- For user from Org with Org Type = Health Home, the report will include all assessments for participants with the same Health Home designated in the assessment record, with a grouping control on HH-CMA name who created the assessment
- For user from Org with Org Type = MMC , the report will include all assessments for participants with the same MC Plan designated in the assessment record, with a grouping control on Health Home name from the assessment record, with an additional grouping control on HH-CMA name who created the assessment
- For user from Org with Org Type = State, the report will include all assessments for ALL participants, with a grouping control first on Managed Care Plan name from the assessment record, with a sub-grouping control by Health Home name from the assessment record

Aggregate Report: Business use case

Health Home

- Performance manage assessment timeframes, accuracy and completion of CMHA
- Provide additional training and support to CMAs re: HARP BH HCBS Plan of Care workflow
- Quality oversight of process and identification key barriers and challenges
- If needed corrective action plans for CMAs who are not adhering to workflow and time frames

Care Management Agency

- Performance manage day to day work of HHCMs including but not limited to:
 - Timeframes
 - Accuracy
 - Eligibility and Plan of Care development
 - Train and provide oversight of HHCMs to manage timeframes and communication with MCO

Managed Care Organizations

- Compliment assessment data file
- Aggregate report includes eligibility results: Tier 1; Tier 2; or not eligible

Billing Guidance

- For Health Home enrolled members, payments for the assessments will flow from the HARP, to the Health Home, and then to the assessing entity.
- Data files that include cumulative data on the Eligibility Assessments and the CMHAs that were completed for HARP members will be provided to the HARPs on a bi-weekly basis. Plans may use the information in these data files to bill Medicaid directly and send the payment to the Health Home that is named in the data file. Similar data files will be provided on a bi-weekly basis to Health Homes for their Health Home members.

Billing Guidance

- The data will be provided by the SDOH to the designated **HARP contact and the Health Home contact** using the secure file transfer application in HCS.
- If the Eligibility Assessment determines an individual is eligible for BH HCBS and a CMHA was completed on the same day, the data file will contain two rows for the member – one row that lists the Eligibility Assessment and another row that lists the CMHA.
- When the assessing entity unlocks and modifies an assessment and then signs and finalizes the modified assessment, the data feed will include two rows for the assessment. One row with the original signed and finalized date and another row with the new signed and finalized date. Only one claim should be submitted for this assessment.
- If the member was determined by the Eligibility Assessment to be BH HCBS eligible and the CMHA does not appear in the data file, it may mean that the assessor will perform the CMHA on a future date. A subsequent data file will list the CMHA for the HARP member after the assessment has been signed and finalized by the assessing entity.
-

Billing Guidance

- In cases where both the Eligibility Assessment and the CMHA are conducted on a HARP member, the HARP will submit **two** claims to Medicaid. One claim for the Eligibility Assessment and one claim for the CMHA. In this case, the Health Home will receive two remittances from the HARP to pass to the assessing entity. The assessing entity will receive two payments, one for the Eligibility Assessment and one for the CMHA. **This is change from previous guidance and is effective with assessment dates on after May 1, 2016 in NYC. Effective 7/1/16 ROS**
- In cases where it is determined by the Eligibility Assessment that a HARP enrolled member is not eligible for BH HCBS, or declines to have a CMHA conducted (the declination of the CMHA by the member should be documented in the POC), the HARP may only bill Medicaid for the Eligibility Assessment.
- In cases where the reason for assessment for the CMHA is denoted as “SCA-1” the HARP should NOT submit a claim to Medicaid or make a payment for this assessment, as this selection indicates that the CMHA was completed for an Adult Home member and will be paid by another entity.
- The rate codes for the Eligibility Assessment and the CMHA are loaded to the Managed Care Plan rate profiles.

Billing Guidance

- The remittances for assessments completed that are sent from the HARP to the Health Home should include at least:
 - Name of member assessed
 - Medicaid Member ID
 - Type of assessment completed (Eligibility/CMHA)
 - Amount of payment
 - Name of assessing entity
- Health Homes will receive assessment data files for their members on a bi-weekly basis. Health Homes may use the data files to reconcile the remittances they receive from the HARPs. Health Homes will then pass the remittances received from the HARP to the assessing entity that completed the assessment.
- HARPs and Health Homes can log into the HCS, launch the Community Mental Health Application, and view both the Eligibility Assessment and the CMHA.
- Eligibility assessments are limited to three per member per calendar year and the CMHA is limited to two per calendar year.

Updated Assessment Rates

Behavioral Health Home and Community Based Services – Updated Assessment Rates						
Rate Code	Rate Code Description	Unit Measure	Effective July 1, 2016 Upstate Fee (paid to provider)	Effective July 1, 2016 Upstate Fee (including Plan Admin)	Effective July 1, 2016 Downstate Fee (paid to provider)	Effective July 1, 2016 Downstate Fee (including Plan Admin)
7778	HARP HCBS Brief Assessment	None, code 1 unit	\$ 71.33	\$ 71.33	\$ 80.00	\$ 80.00
7779	HARP HCBS Full Assessment	None, code 1 unit	\$ 93.62	\$ 93.62	\$ 105.00	\$ 105.00

The Downstate region consists of NYC and the counties of Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, and Dutchess. This is the same rule used for OMH clinics.

Additional billing guidance for NYC Retrospective rates forthcoming