HCBS WEB TOOL
REASSESSMENT GUIDE FOR HCBS PROVIDERS

The following guide provides HCBS Web Tool instruction for HCBS providers who have agreed to and have enrolled as Medicaid provider type 27. This guide shall be utilized for the purposes of gathering the necessary reassessment information to assist DSDS in determining continued eligibility and authorization for HCBS.

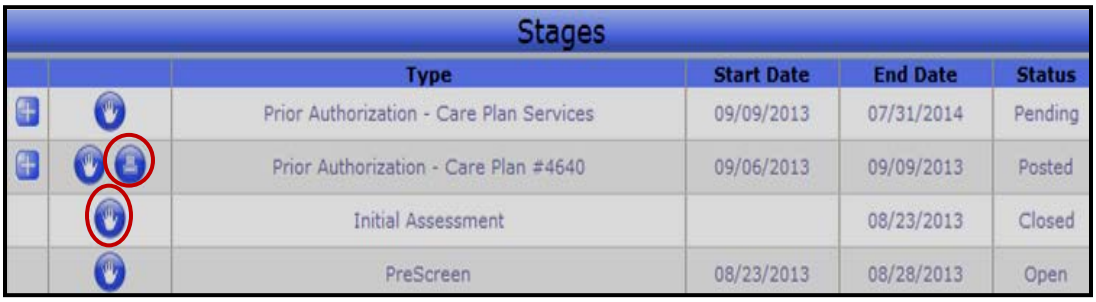
Reassessment Preparation

Although the HCBS Web Tool is built for 'real time' utilization, situations may arise that require the InterRAI HC and the requested care plan to be completed via paper in the participant's home (i.e., no internet connectivity or no portable computer device). This would then require data entry of the information into the HCBS Web Tool to be completed at a different time/location. In order to facilitate the reassessment visit in these situations, it may be helpful to print copies of the most recent assessment and the current care plan for review and documentation of information obtained during the reassessment visit.

Complete the log in and participant search as described in this guide.

To print the assessment and care plan, expand the Case Items on the Participant Case Summary screen.

- Locate the current posted Prior Authorization – Care Plan and select the (print) to the left. This will open a PDF version of the care plan for printing.



- Locate the most recent assessment (may be either an 'Initial Assessment' or 'Reassessment') and select the to the left. This navigates to the Assessment screen.

- On the Assessment screen, scroll to the center of the page to the 'InterRAI Assessment Form' section. Select the in the upper right-hand corner of this section. This will open a PDF document for printing.

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Log In

https://www.cyberaccessonline.net

Use your assigned User Name and Password.

Review the End User License Agreement and select 'I Accept'.

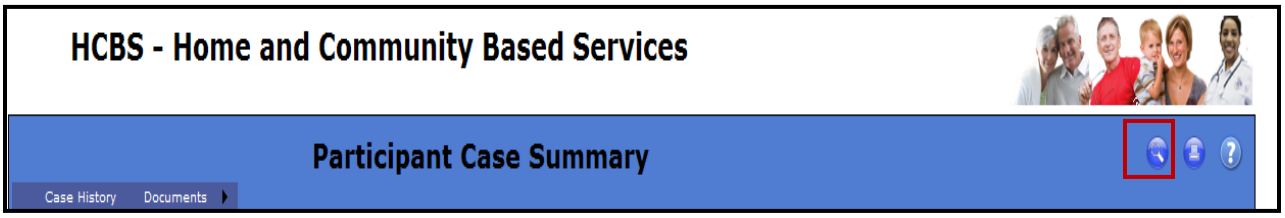
Search from the CyberAccess Home screen

- Enter the Patient (participant) Id (DCN) and Birth date or Last Name in the 'Search For A Patient' panel and select 'Search'; or
- Select the participant from the 'Site Patients' panel. Participants that have had a case search performed within the user's practice and site within the last 90 days will display within the panel.

Search within the screens of the HCBS Web Tool (PREFERRED)

- Select the at the top right of each screen.
- Enter the participant's ID (DCN) and birth date or last name and select or Enter.

Utilizing this search feature navigates the user to the Participant Case Summary screen for the newly selected participant, closing the record of the previous participant.



MO HealthNet Demographics Screen

This read only screen populates from the Missouri Medicaid Information System (MMIS). Contact the Department of Social Services, Family Support Division to identify any changes needed to the information on this screen.

Select 'HCBS' from the dropdown box on the screen menu bar labeled HCBS to navigate to the participant's record. If the HCBS dropdown options do not display, review the computer settings to ensure that:

- The pop up blockers have been turned off; and
- The internet website https://www.cyberaccessonline.net has been added to the compatibility view setting.

Participant Case Summary Screen

Demographics

This section includes read only information from the Medicaid Management Information System (MMIS) as well as fields that are editable and allow data entry for updates/changes.

Read only fields include:

- First Name (MMIS data)
- Last Name (MMIS data)
- Date of Birth (MMIS data)
- DCN (Patient ID) (MMIS data)
- Race (MMIS data)
- Gender (MMIS data)
- Primary Phone # (MMIS data)

Editable fields that allow for information update include:

- Other Phone.
- Verify Address -- Select the to review all of the information in the Address pop up box.
    - The FSD Address is not editable. Review the FSD Address.
    - If the participant resides at an address different from the 'FSD Address', select 'no'. Complete all of the information in the 'Current Address' section and select to save.
    - If the participant with a previously entered 'Current Address' has returned to the FSD address, select 'yes' and to delete the previously entered Current Address and retain the selection.
    - If the participant's previously entered 'Current Address' needs updating and does not match the 'FSD Address', complete the necessary updates in the 'Current Address' and select to save the updated information.
    - 'Directions to Residence' is not a required field. If directions are needed, they must be entered/edited within the 'Verify Address' window. Once entered, select to save. The directions populate within the Demographics section.
- Primary Language – review and edit if necessary from the dropdown box.
- Marital Status/Living Arrangement – review and edit if necessary from the dropdown box.
- Special Communication Needs – review and edit if necessary from the dropdown box.
- Special Communication Needs Notes – Enter notes within the text box specific to special communication needs.
    - To view any previously entered 'Special Communication Needs Notes select Previous Notes.
- Select to save any information added or updated within the Demographics section.

Physician Information

Review and update the Physician Information, if necessary by either:

- Manually selecting the and entering all of the required data and selecting to save. The physician ID remains blank; or
- Through the Physician search feature. Prior to completing the Physician search, remove any previously entered Physician information from the current view by selecting to refresh. Complete the Physician search by entering last name, city or zip code and selecting the .
    - Select the for the participant's physician from the displayed list to populate the physician information fields. The physician ID remains blank.

Eligibility

'HCB Medicaid Referral' checkbox - DSDS use only
'CDS Restricted' checkbox - DSDS use only

- A check in this box disables selection of Personal Care - Consumer Directed Services throughout the HCBS Web Tool.

'HCBS Eligibility Determination' tab displays read only messages related to a participant's eligibility. Review the message to verify the participant's eligibility for continued HCBS authorization. Participants who display a message that indicates they are no longer Medicaid eligible shall be referred to the DSDS Regional Evaluation Team. Providers shall ensure that Medicaid spenddown participants have met their spenddown liability at least once within the previous three months in order to ensure reimbursement for the provider's reassessment visit.

Note: The Eligibility section may not reflect 'real time' information as it may take overnight transaction for the latest information to display in the HCBS Web Tool. Providers can obtain additional MO HealthNet eligibility verification information through either the:

- Interactive Voice Response (IVR) system, Option 1, 1-573/635-8908 or 1-573/751-2896; or
- **www.emomed.com**.

'HCBS Eligibility' tab provides additional information including Medicaid Eligibility (ME) code, age and applicable spenddown indicator.

Note: The Transfer of Property field is currently not functional in the HCBS Web Tool. The Gross Income data is not consistently updated in the HCBS Web Tool.

Other Information

Review the 'Other Responsible Person' and 'Formal Supports' tabs and update as necessary. Select the to save any updates in each category.

Note: Attach the appropriate 'Letters of Guardianship of an Incapacitated Person' to the HCBS Web Tool via the Case Activity screen when a guardian is added to the 'Other Responsible Person' section.

Upon review and completion of the previous sections on the Participant Case Summary screen, select Add Reassessment at the bottom of the Participant Case Summary to initiate a reassessment. This selection navigates the user to the Assessment screen for completion of the interRAI HC for reassessment and creates a reassessment with an 'open' status in the Case Items list on the Participant Case Summary screen.

If Add Reassessment is not available, contact the appropriate DSDS Regional Evaluation Team.

Assessment Screen

Demographics

Displays as previously entered from the Participant Case Summary screen. The information may be updated and saved as needed.

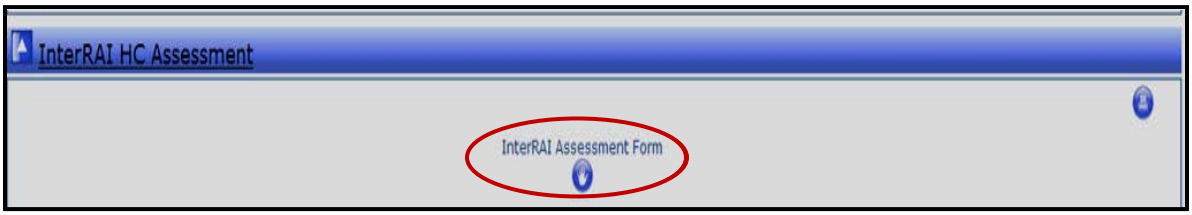
Physician Information

Displays as previously entered from the Participant Case Summary screen. The information may be added or updated as needed.

Note: Entry of any reassessment data for the InterRAI HC and associated care planning into the HCBS Web Tool must be completed by a qualified/trained assessor. Individuals approved to do the data entry are limited to the assessor who completed the InterRAI HC and developed the care plan in the participant's home or another qualified/trained assessor entering the information on their behalf.

InterRAI HC Assessment

Select to access the 'InterRAI Assessment Form.'



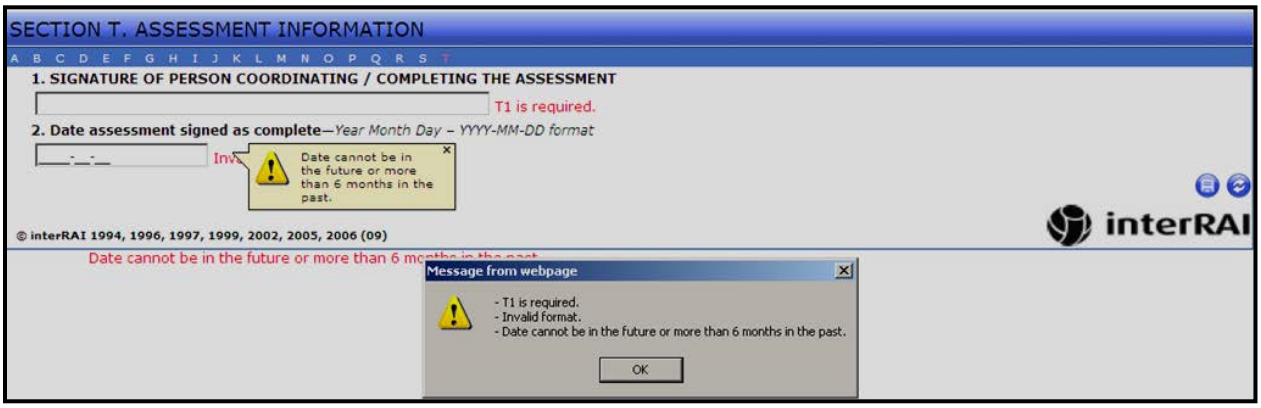
Upon completion of the following steps in Section A 'Identification Information', the remaining sections of the InterRAI HC for reassessment will populate with the answers from the last completed InterRAI HC assessment in the HCBS Web Tool:

- 'Routine Reassessment' is selected for the answer to question #8 'Reason for Assessment';
- Complete/Update the remainder of Section A 'Identification Information'; and
- Select the 'Save' button at the bottom of the page.

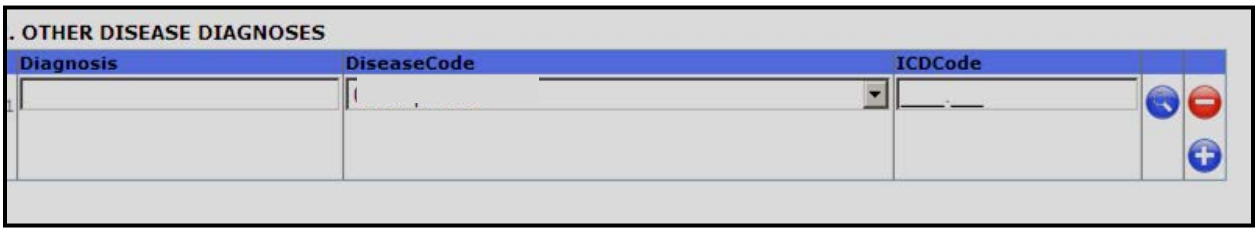
Note: Question 9 in Section A of the Assessment, 'Identification Information' shall reflect the actual date the reassessment was completed with the participant.

Review all responses in the subsequent sections of the InterRAI HC with the participant. If updates are necessary to any of the information, the 'Save' button must be selected at the bottom of the associated updated page to store the updated information.

If a required question is left unanswered on any page of the Assessment at the time the Save button is selected, the user will receive an error message identifying what was not completed. The identified questions must be answered and the Save button selected in order to proceed.



Note: A disease diagnosis is required on Section I 'Disease Diagnosis'. If none of the diagnoses listed within Question 1 are applicable, Question 2 must be completed. Select the button within the Other Disease Diagnoses chart.



Enter the appropriate diagnosis name in the ICD Code Lookup chart and select the button.

Select the correct diagnosis from the listing and enter code 1, 2 or 3 in the Disease Code field of the Other Disease Diagnoses Chart.

Note: Any medications must be listed within Question 1 of Section M 'Medications.'
Enter each medication, selecting the button to add additional lines. Do not hit the back key when entering medications or all entered medications will be deleted.
If the participant does not take any medications, the answer to Question 3 must be '8. No medications prescribed.'

After review of the InterRAI HC, Section T 'Assessment Information' **must** be completed and saved to complete the InterRAI HC for reassessment. Users shall enter their name and provider agency for identification. When the information is entered by a qualified individual other than the assessor, the name of the assessor who did the home visit must be documented as well as the name of the individual completing the data entry.

Note: Enter the actual completion date of the reassessment with the participant in the 'Date assessment signed as complete' field on Section T, 'Assessment Information'.

Upon completion of the InterRAI HC, one of the following messages displays:

- 'Criteria Not Met' indicates that the individual has not met the required nursing facility level of care to be eligible for HCBS. No further action on the Assessment screen is allowed. The provider shall contact the DSDS Regional Evaluation Team within 1 business day of the 'Criteria Not Met' determination. This shall ensure that the participant receives timely notification of adverse action. The provider shall continue service delivery of the previous care plan pending notification from DSDS.; or

- 'Criteria Met' indicates that the individual has met the required nursing facility level of care for HCBS and completion of the reassessment process can continue.

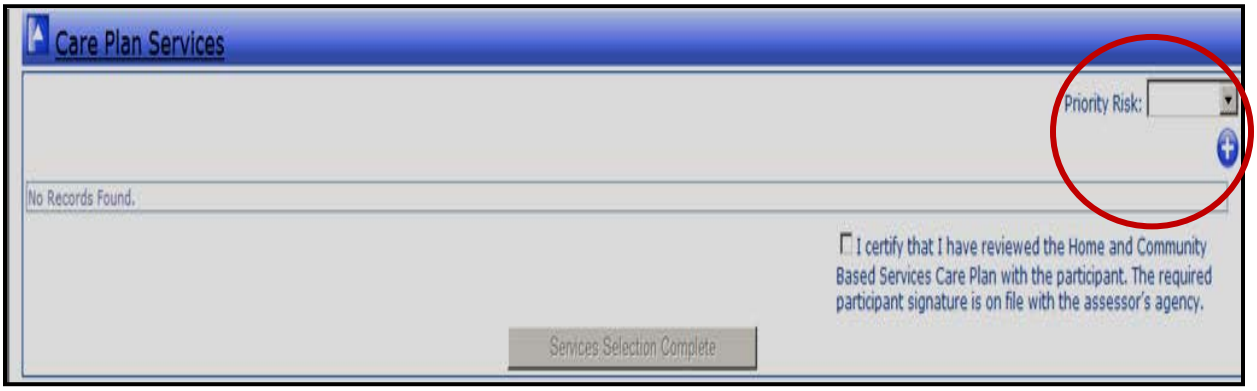
  Note: When the message 'Criteria Met' displays, the section 'Care Plan Services' is enabled to allow for care plan development with the participant.

Close the InterRAI Assessment Outcome box.

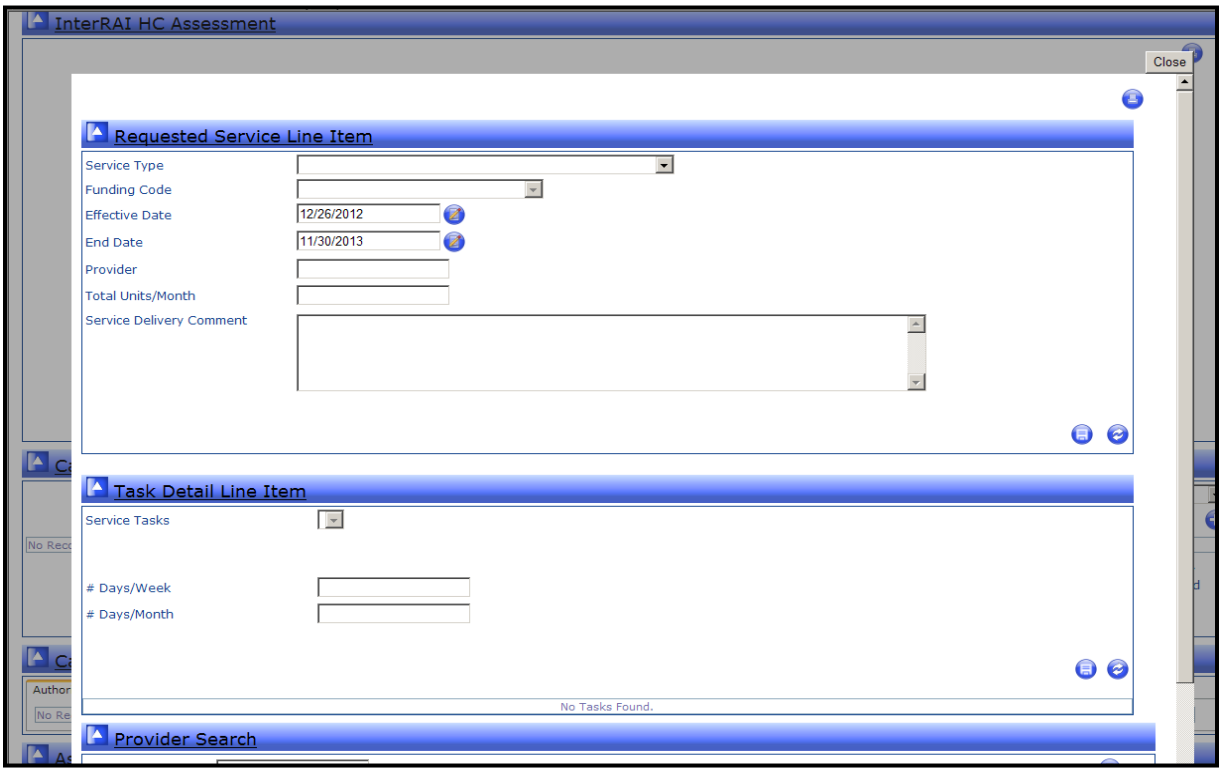
Select 'Submit Assessment'. This completes and locks the InterRAI HC. The InterRAI HC is no longer editable.

Care Plan Services

'Priority Risk' - Enter a Priority Risk code from the drop down box located on the right. This indicator assists the HCBS provider in prioritizing service delivery in instances such as temporary staffing shortages, natural or other disasters, and acts of terrorism. Priority/Risk indicator of one (1) is to be used when the lack of HCBS would pose a serious threat to the health, safety, and welfare of the current or potential participant.



Service Selection - To add a needed service identified during care plan development, select the ⊕ symbol (below the Priority Risk indicator), which navigates to the 'Requested Service Line Item', 'Task Detail Line Item' and the 'Provider Search'.



Requested Service Line Item:

- Service Type – select the chosen HCBS from the drop down list.
- Funding Code – auto populates to MD (Medicaid).
- Effective and End dates –auto populate. DSDS will be responsible to make any identified edits to these dates to ensure coordination with other case actions i.e., previous authorization, adverse action, etc.

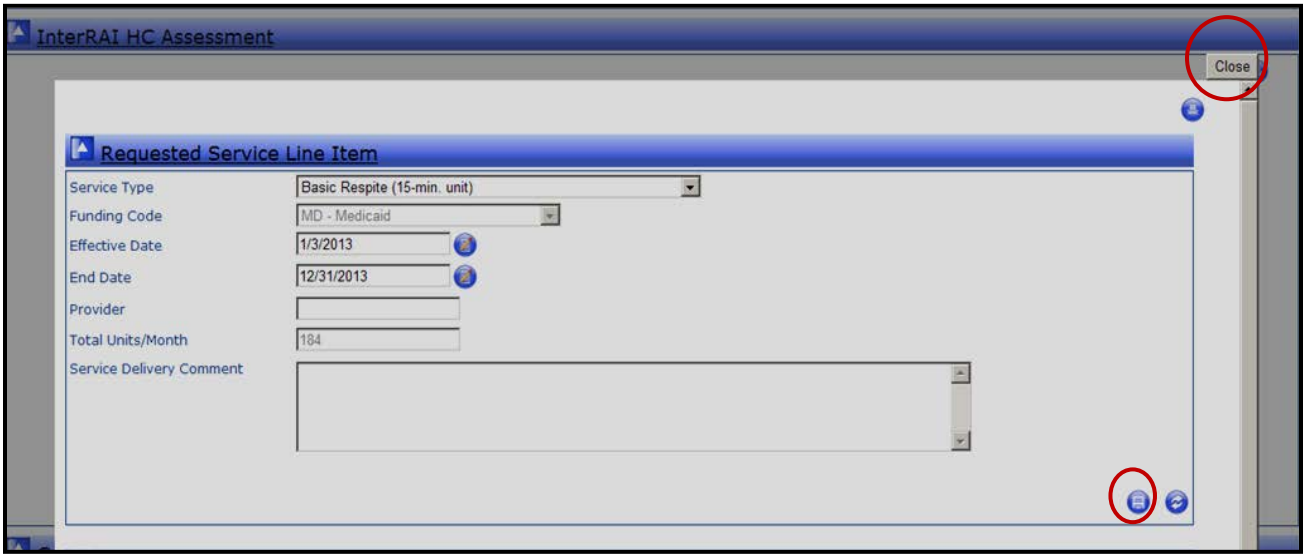
  Note: The 'Effective Date' **cannot** precede the Level of Care determination. The 'End Date' defaults to the last day of the last full month within 365 days from the Level of Care determination.
- Provider – **auto** populates based on information selected from the provider search at the bottom of the page.
- Total Units/Month – **auto** populates based on information entered from the Task Detail Line Item below.
- Service Delivery Comment – Utilized for specific instruction to the provider related to service delivery. Enter any special service delivery comments.

Task Detail Line Item:

- Service tasks – select the tasks requested on a regular basis from the dropdown box. Tasks shall only be selected once and are not to be duplicated.
  Note: Some HCBS have no tasks associated with the authorization, i.e., basic respite.
- Enter the frequency (units, minutes/day, or month) for the service or selected task.
  Note: Various HCBS have different unit definitions therefore different frequency calculations. For several HCBS, the '#Days/Month' field will automatically calculate when the # Days/Week has been entered and saved. The total units will automatically calculate and transfer to the 'Total Units/Month' field above.
- Select to save **each** task and associated unit/frequency entry.
- As tasks and frequencies are saved, the total units/month will auto calculate and populate to the Total Units/Month field above.

Provider Search:

- Provider entry is optional in the Care Plan Services section on the Assessment screen. If the participant chooses a provider, they may be added at this time by either selecting 'Provider List' or searching for the provider by entering the provider name and selecting . Do not utilize the provider ID to complete a search.
- Select the chosen provider from the displayed list by selecting the . The chosen provider auto populates in the Provider field above.



Upon completion of the Requested Service Line Item, select save . This saves the selected service to the Requested Service Line Item on the Assessment screen.

Close the Requested Service Line Item box.

To add multiple services:

- Select the symbol in the Care Plan Services section on the Assessment screen for each service type needed; and
- Complete the associated Requested Service Line Item, Task Detail Line Item and Provider Search (if known) as indicated above.

Note: When Authorized Nurse Visits are required only for the completion of the General Health Evaluation, the Nurse Visit service line will be added to the care plan by DSDS. If there are ongoing nurse tasks identified during the reassessment, the provider shall add the Authorized Nurse Visit and the associated tasks to the requested care plan.

Upon completion of services selection identified to meet the needs of the participant, review the requested care plan with the participant and obtain the required participant signatures, i.e., DA-3 HCBS Care Plan and Participant Choice Statement.

Check the 'I certify….' box upon completion of the required participant signatures.

Select 'Services Selection Complete' to complete the requested care plan on the Assessment screen,

> Note: At this time, the Prior Authorization - Care Plan is not yet finalized. DSDS maintains the responsibility to post (submit) the Prior Authorization - Care Plan. Providers shall complete case notes, upload any applicable attachments (see below) and contact DSDS for completion of the reassessment.

No other services can be added on the Assessment screen. The provider shall contact DSDS if any changes are needed to the completed requested care plan.

Although this completes the requested care plan at this time, it does **not** post (submit) the 'Prior Authorization – Care Plan Services'. DSDS shall review the requested care plan, make any needed changes and submit the care plan to the Missouri Medicaid Information System (MMIS).

Care Plan Summary

The Authorized Care Plan Services Summary tab displays as blank upon completion of the Requested Care Plan. This section populates upon review and submission of the care plan by DSDS.

The Requested Care Plan Services Summary tab displays the services added from the Care Plan Services section above.

Both of these tabs are view only.

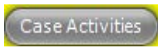
Assessment Status

The Assessment Status Bar at the bottom of the page provides a visual guide of the completion status for the various Assessment screen sections.

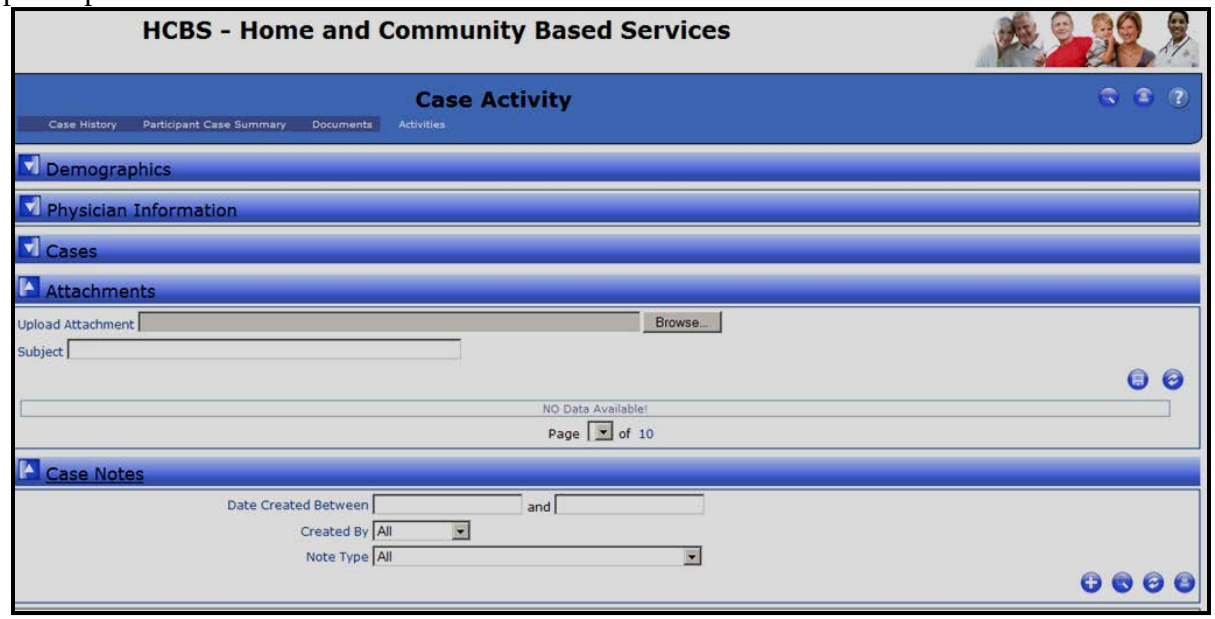
- Yellow – in progress.
- Green – complete.
- Red – participant did not meet Level of Care.

Note: The status bar at the bottom of the Assessment screen displays Authorized Care Plan Services as yellow until the requested services are posted by DSDS. The Reassessment on the Participant Case Summary will display a status of 'Closed'

Case Activity Screen

The Case Activity screen provides multiple functions including participant specific attachments and case notes. From the Participant Case Summary screen, Case Items section select 

. This selection navigates the user to the Case Activity screen for the specific participant.



Attachments

To attach participant specific documents that are *relevant* to the case including the signed DA-3 and other documents required for unique situations i.e., St. Louis University Mental Status screening tool, Letters of Guardianship of an Incapacitated Person, etc. perform the following:

- Scan and save the documents to be uploaded and attached to the participant's record; These file types are acceptable:
  - Word document;
  - Excel document;
  - Adobe PDF;
  - TIF and GIF; and
  - JPEG.
- Expand the Attachments section of the Case Activity Screen and at the end of the 'Upload Attachment' line select 'Browse';
- Locate and select the document to be attached;
- Select the appropriate subject from the drop down list;
- Select Save to store the attachment.

The above actions must be completed for each document to be uploaded to the web tool.

When paper copies of the interRAI HC or the DA-3a or 3c are used to gather reassessment data during times of no internet connectivity, data shall be transferred from the paper copies to the HCBS Web Tool by the assessor. These paper copies, upon completion of the data transfer into the HCBS Web Tool, should **not** be attached to the HCBS Web Tool.

Documents inadvertently attached to the incorrect participant record must be deleted by DSDS. Contact the appropriate DSDS Regional Evaluation Team to request the attachment deletion.

Case Notes

Case notes shall be utilized to thoroughly document **all participant related** reassessment actions/contacts including but not limited to: summary of the home visit, all subsequent contact(s) with formal/informal supports and contact with DSDS. This documentation shall include justification of any increase or decrease in the participant's existing care plan.

To add a new case note:

- Select in the lower right hand corner. Enter the contact date specific to the information being entered into the textbox.
- 'Add Case Note' textbox displays. The textbox is limited to 1000 characters.
- Enter *objective, factual* participant specific information. Throughly proofread the entered information. At the conclusion, the user shall enter their name and provider agency for identification.

  Note: The Case Note textbox does not provide any spell check or grammar features. If a users wants to access those features, proposed case notes should be typed into a 'Word' document and then copied into the HCBS Web Tool Case Note textbox.
- Save the 'Case Note' textbox.

- Select the priority of the note as it relates to the necessity for DSDS intervention.
  - A reassessment of a participant with little or no change to the participant's care plan would not typically be considered a priority.
  - A priority of 'yes' should only be utilized in those situations when a change to the care plan is required to prevent harm to the participant.
  - Indicating a priority of 'yes' does **not** fulfill the mandated reporting requirement to the DSDS hotline when a provider employee has become aware of a situation involving abuse, neglect or exploitation of a participant.
- In cases where the text exceeds 1000 characters, select the for a continuation note and indicate that the new note is a continuation of the previous note.

Case notes cannot be edited or deleted once saved. Contact the appropriate DSDS Regional Evaluation Team for any needed correction or deletions to a previously saved note.

Completion of Reassessment

Upon completion of all reassessment actions in the web tool, the provider shall promptly contact the appropriate DSDS Regional Evaluation Team. The preferred contact method is via encrypted e-mail or fax.