

# **Home and Community Based Services (HCBS) Web Tool – A Module of *CyberAccess*<sup>sm</sup>**

**For Home and Community Based  
Services Providers**

# The HCBS Web Tool:

- Gives HCBS providers 'real time' access to the participant's electronic record including:
  - Participant Case Summary;
    - ✓ Prior Authorizations for HCBS (read only)
  - PreScreen (read only);
  - Assessments; and
  - Case Activity.
    - ✓ Case Notes/Attachments (limited access)



- The HCBS Web Tool is not a messaging system and does not replace communication between DSDS and providers.

# HCBS Web Tool Access for HCBS Providers

- To gain access to *CyberAccess*<sup>sm</sup> including the HCBS module it is **critical** that HCBS providers and pertinent staff **enroll** in *CyberAccess*<sup>sm</sup>.
  - The MO HealthNet Division contracts with Conduent to provide *CyberAccess*<sup>sm</sup>. To enroll in *CyberAccess*<sup>sm</sup>, contact the Conduent help desk toll free at 888-581-9797 or 573-632-9797, or send an e-mail to [CyberaccessHelpdesk@conduent.com](mailto:CyberaccessHelpdesk@conduent.com).
- *CyberAccess*<sup>sm</sup> enrollment also ensures the provider will display within the appropriate provider listing for HCBS selection.
- HCBS provider supervisors, clinical staff, field coordinators and billing staff may request access.
  - User name and password must **never** be shared.
- Access to the HCBS Web Tool for direct care staff including in-home aides and other home care staff is not appropriate.

# Stay Informed

- To receive (DSDS) updates that impact the authorization and delivery of HCBS, providers shall enroll in DSDS E-News.
- Regularly review Provider Memos and Web Tool Provider Communications to keep informed of specific updates.

<http://health.mo.gov/seniors/hcbs/>

**Home and Community Based Services Provider Information**

DHSS Home » Senior & Disability Services » Home/Community Based Services Provider Information

- DSDS E-News
- Emergency Preparedness
- Referrals
- Regional Evaluation Team (REV) Contact Information
- Special Investigations Unit (SIU) Contact Information
- Provider Memos
- Clinical Nurse Assessments
- Applications & Forms
- HCBS Transition Plan **NEW!**
- Proofpoint Email Encryption **NEW!**
- Policy Clarification Questions **NEW!**
- Home and Community Based Services Manual
- LOC Transformation **NEW!**

**HCBS Web Tool**

- Introduction
- Provider CyberAccess<sup>sm</sup> Enrollment
- Account Maintenance/System Settings
- Web Tool Provider Communications
- Resources
- Contact Information

**Provider Reassessment Information**

- Participation Requirements
- Training
- Process
- Memos
- Registration and Communication
- Calendar

# To Ensure Access to the HCBS Web Tool

- ✓ Make sure Pop-up Blockers are turned off
  - ✓ Ensure *CyberAccess* is a 'Trusted site'
  - ✓ Ensure *CyberAccess* is added to Compatibility View Settings
  - ✓ Adobe Reader software is required to print documents from the Web Tool
- 
- Instructions can be found by using this link:  
<http://www.health.mo.gov/seniors/hcbs/webtoolaccountmaintenance.php>

# How to Log into CyberAccess<sup>sm</sup>

- Enter the CyberAccess<sup>sm</sup> web address or URL.

<https://www.cyberaccessonline.net>

- This link can be added to your internet Favorites.
- Do not create a shortcut on your desktop.
- Enter your User Name and Password assigned to you by Conduent (Slide 3).
- Select 'Log In'.

**CyberAccess**

Protect your patients by following a few simple rules

- Always choose passwords that are difficult for others to guess. You can change your password on the "My Account" screen after you log in.
- Never give your user name and password to others because it could be used without your knowledge.
- Never leave patient information unprotected on the computer screen while you step away.
- Place all printed documents containing patient information in secure storage or shred them daily to prevent accidental disclosure.
- Obey the golden rule: always handle information about your patients with the same care that you expect from your own physician.

NOTE: Any unauthorized use or access to the pages, or the computer systems on which the pages and information to be displayed reside, is strictly prohibited and may be a criminal violation. Your use of this Web site is governed by and conditioned on your acceptance of the terms of use referenced herein and such other terms and conditions as may be contained in this Web site. Your use of this Web site constitutes your agreement to the terms of use and all such additional terms and conditions.

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Version: 10.7

For technical support with CyberAccess please call 1-888-581-9797

[FREQUENTLY ASKED QUESTIONS](#) [SYSTEM REQUIREMENTS](#) [CYBERACCESS FLYER](#)

# End User License Agreement and Terms of Use (EULA)

- Upon sign on, the user will see the EULA. By selecting 'I Accept' the user agrees and understands the conditions of use of this product and recognizes that the services contain information which is protected by HIPAA, and other federal and state laws or regulations.
- **HCBS Provider staff utilizing CyberAccess<sup>sm</sup> and the HCBS Web Tool agree to be bound by, and comply with, all applicable laws and regulations.**

The screenshot shows the user interface for the End User License Agreement (EULA) for CyberAccess. At the top, there is a header with the 'CyberAccess' logo on the left and the 'McHealth Net' logo on the right. Below the header, the title 'Conduent-Heritage, LLC. CyberAccess<sup>SM</sup> End User License Agreement and Terms of Use' is centered. Underneath the title, the section 'ACCEPTANCE OF TERMS' is displayed. The main body of text explains that the services provided by CONDUENT-Heritage, LLC. are subject to the terms and conditions of this agreement. It states that CONDUENT reserves the right to amend the agreement at any time without notice. The text emphasizes that clicking on the 'I Agree' button at the end of the agreement and accessing the site constitutes acceptance of the terms. At the bottom of the text area, there are two buttons: 'I Accept' and 'I Disagree'. A red arrow points to the 'I Accept' button. Below the buttons, there is a footer containing copyright information: '©2019 Conduent Business Services, LLC. All rights reserved. Conduent and Conduent Agile Star are trademarks of Conduent Business Services, LLC in the United States and/or other countries.' and the version number 'Version: 10.7'. To the right of the footer, there is a contact number: 'For technical support with CyberAccess please call 1-888-581-9797'. A 'Logout' link is visible in the top right corner of the page.

# CyberAccess<sup>sm</sup> Home Screen

- Displays specific User's Name.
- Displays HCBS Provider name (Practice). Within the HCBS Web Tool, users are assigned to a specific practice.
- HCBS providers may have multiple sites.

The screenshot displays the CyberAccess Home Screen for a provider agency. The page is titled "Genesis Home Care" and shows the user is logged in as "Personal Care - Genesis Home Care". The navigation bar includes "Home", "My Account", "Message Center(0)", and "HCBS". The main content area features a "Welcome, Provider Agency" message, a "Site Patients" table with an alphabetical index, a "Search For A Patient" form with fields for Patient Id, Birth date, and Last Name, and a "News And Alerts" section with links to various resources. The footer contains copyright information, version 10.7, and technical support contact information.

# The Case History Screen

# HCBS Web Tool - Case History Screen

*Allows providers to check for a  
Care Plan Services activity*

- A Care Plan Services activity is automatically assigned to the selected HCBS provider when a participant's prior authorization is posted by DSDS to the Medicaid Management Information System (MMIS).
- The Care Plan Services activity informs the provider of the prior authorization.

*This activity is not an e-mail messaging system. Providers must check the Case History screen regularly to receive this notification.*

# CyberAccess<sup>sm</sup> Home Screen

## Accessing the HCBS Case History

- Provider users can select HCBS Case History from the drop down on the home screen.

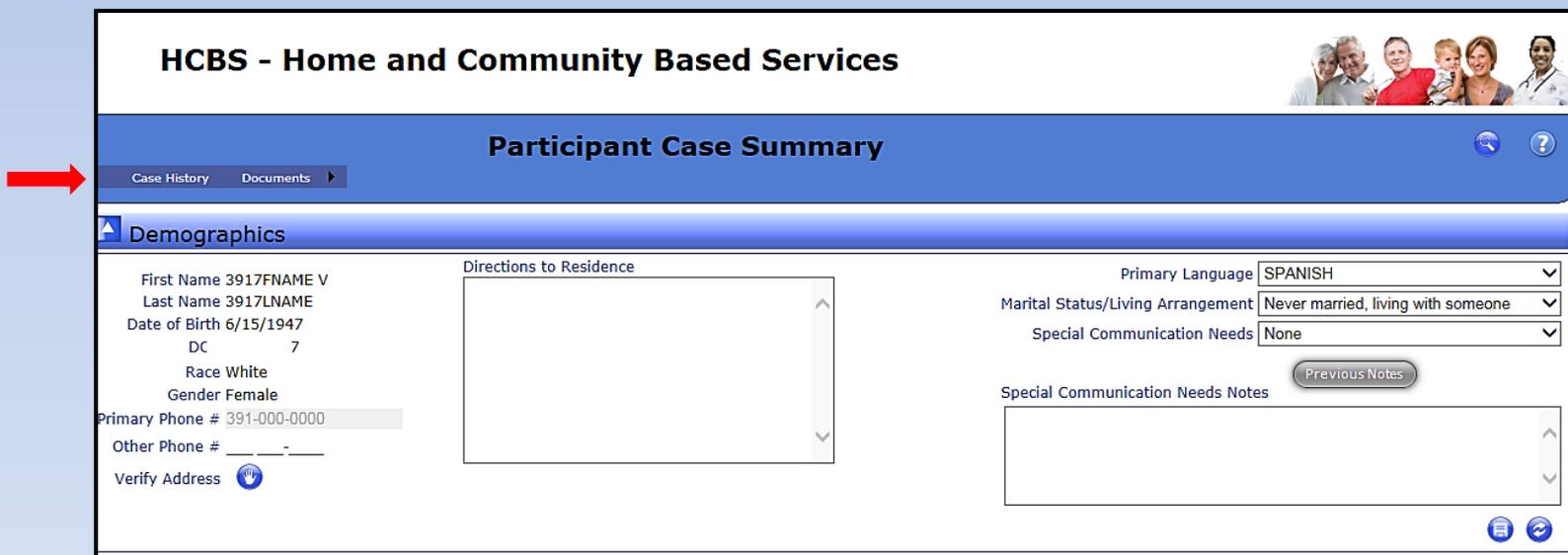
A number will display adjacent to HCBS Case History to indicate the number of prior authorization care plans that have been posted within the last seven (7) days.

**Note – The Prior Authorizations for HCBS are maintained within the HCBS Web Tool and are independent of the Care Plan Services activity.**

The screenshot shows the CyberAccess home screen for Genesis Home Care. The navigation bar includes links for Home, My Account, Message Center(0), and HCBS Case History(0). A red arrow points to the HCBS Case History(0) dropdown menu. The main content area features a search form for patients with fields for Patient Id (required), Birth date (mm/dd/yyyy), Last Name, and a Search button. Below the search form is a News And Alerts section with links to MO HealthNet Division, MO HealthNet Clinical Services, MO HealthNet Manuals, MO HealthNet Internet Claims (EMomed), MO HealthNet Provider Bulletins, and MO HealthNet Provider Participation. The footer contains copyright information for Conduent Business Services, LLC, and technical support details: Version: 10.7 and For technical support with CyberAccess please call 1-888-581-9797.

# Navigation to the Case History Screen

Users can also navigate to the Case History screen by selecting Case History from the blue menu bar on participant specific screens.



**HCBS - Home and Community Based Services**

**Participant Case Summary**

Case History Documents

**Demographics**

First Name 3917FNAME V Last Name 3917LNAME Date of Birth 6/15/1947 DC 7 Race White Gender Female Primary Phone # 391-000-0000 Other Phone # _____ Verify Address 	Directions to Residence <div style="border: 1px solid gray; height: 100px; width: 100%;"></div>	Primary Language SPANISH Marital Status/Living Arrangement Never married, living with someone Special Communication Needs None Special Communication Needs Notes <div style="border: 1px solid gray; height: 50px; width: 100%;"></div> <p style="text-align: right;"><a href="#">Previous Notes</a></p>
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# HCBS Web Tool - Case History Screen

- Provider users with the appropriate access will see cases displayed with a Care Plan Services activity on the User Work Queue tab.

The screenshot displays the 'HCBS Case History' interface. At the top, there is a blue header with the title 'HCBS Case History' and three icons (search, print, help). Below the header, there are two tabs: 'User Work Queue' and 'Advanced Search'. The 'User Work Queue' tab is selected and circled in red. Below the tabs is a blue bar with a dropdown menu set to 'Case Activity Search'. A red text message is displayed: 'Mandated reporters (Chapter 565.188, RSMo) aware of any abuse, neglect, or exploitation of the elderly or disabled are required to contact the Division of Senior and Disability Services Hotline at 1-800-392-0210 to make a report'. Below this is a 'Cases' section with an 'Expand All' button. A table shows '3 Activity Records Returned' with the following data:

Case #	Participant ID	Participant Name	Start Date	End Date	Assigned To	Status	Priority	Risk
2847	2820917	3917LNAME , 3917FNAME	1/17/2017		Mary Non F ...le	Open	1	High

Page 1 of 1

- The Care Plan Services activity remains on the User Work Queue tab for 7 calendar days. *Care Plan Services activity does not take the place of contact and coordination of service delivery between DSDS and the authorized HCBS provider.*

# Case History Screen

- To access prior authorization information, select the  to navigate to the Participant Case Summary screen for the selected participant.

HCBS Case History

User Work Queue

Mandated reporters (Chapter 565.188, RSMo) aware of any abuse, neglect, or exploitation of the elderly or disabled are required to contact the Division of Senior and Disability Services Hotline at 1-800-392-0210 to make a report

Cases

3 Activity Records Returned

Case #	Participant ID	Participant Name	Start Date	End Date	Assigned To	Status	Priority	Risk
2847	3917LNAME, 3917FNAME	1/17/2017		Mary N... Family, 000 Admin Name	Open	1 - High		

Page 1 of 1

**Note: Prior authorizations for a specific participant can be printed from the Case Items section on the Participant Case Summary screen.**

# Participant Specific Screens

# Participant Search Functionality

## CyberAccess<sup>sm</sup> Home Screen

- The Site Patients panel functions as a search feature only and is *not* a list of participants (patients) authorized to a specific provider.
- Site Patients panel is a list of participants that users within the same practice have searched for from the home screen within the last 90 days.



Logout

CyberAccess MoHealthNet

Home My Account Message Center(0) HCBS HCBS Case History(0) Genesis Home Care

Welcome, Provider Agency Current Site: Personal Care - Genesis Home Care

Search For A Patient

Patient Id  Birth date

(required) (mm/dd/yyyy) (or)

Last Name

News And Alerts

MO HealthNet Division  
MO HealthNet Clinical Services  
MO HealthNet Manuals  
MO HealthNet Internet Claims (EMomed)  
MO HealthNet Provider Bulletins  
MO HealthNet Provider Participation

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Version: 10.7 For technical support with CyberAccess please call 1-888-581-9797

# Other Participant Specific Search Functionality on the *CyberAccess*<sup>sm</sup> Home Screen

- Additional search feature for a participant:
  - Enter the Patient Id (Departmental Client Number/DCN); and either
  - The participant's birth date, or
  - Last name.
- Select the Search button.

The screenshot displays the CyberAccess home screen. At the top, there is a navigation bar with the CyberAccess logo and MoHealthNet logo. Below the navigation bar, there are links for Home, My Account, Message Center(1), and HCBS. The main content area is titled "Welcome" and includes a "Current Site" dropdown menu set to "General Care" and "CyberAccess CBT Training". A red arrow points to the "Search For A Patient" section, which contains a form with the following fields: "Patient Id" (required), "Birth date" (mm/dd/yyyy), "Last Name", and a "Search" button circled in red. Below the search form is a "Site Patients" list with a scrollable area containing patient IDs and names, and a "News And Alerts" section with links to various resources.

# MO HealthNet Demographics

- The user is navigated to the Demographics for the selected participant.
- The Demographics are populated from data in MMIS.
- This screen is read only and can only be updated by the Family Support Division (FSD).

Logout

**Cyber Access** MoHealth Net

Home > Patient Info > Demographics

Patient Info For - 0051LNAME, 0051FNAME R

Print Patient Profile Check Drug/e-Prescribe Drug Imaging Pre-Cert Pre-Certify Service

Home Patient Info > Drug Hx > Medical Hx > Clinical Data > HCBS > HCY Screen Message Center(1)

**DSDS**

**MO HealthNet Demographics**

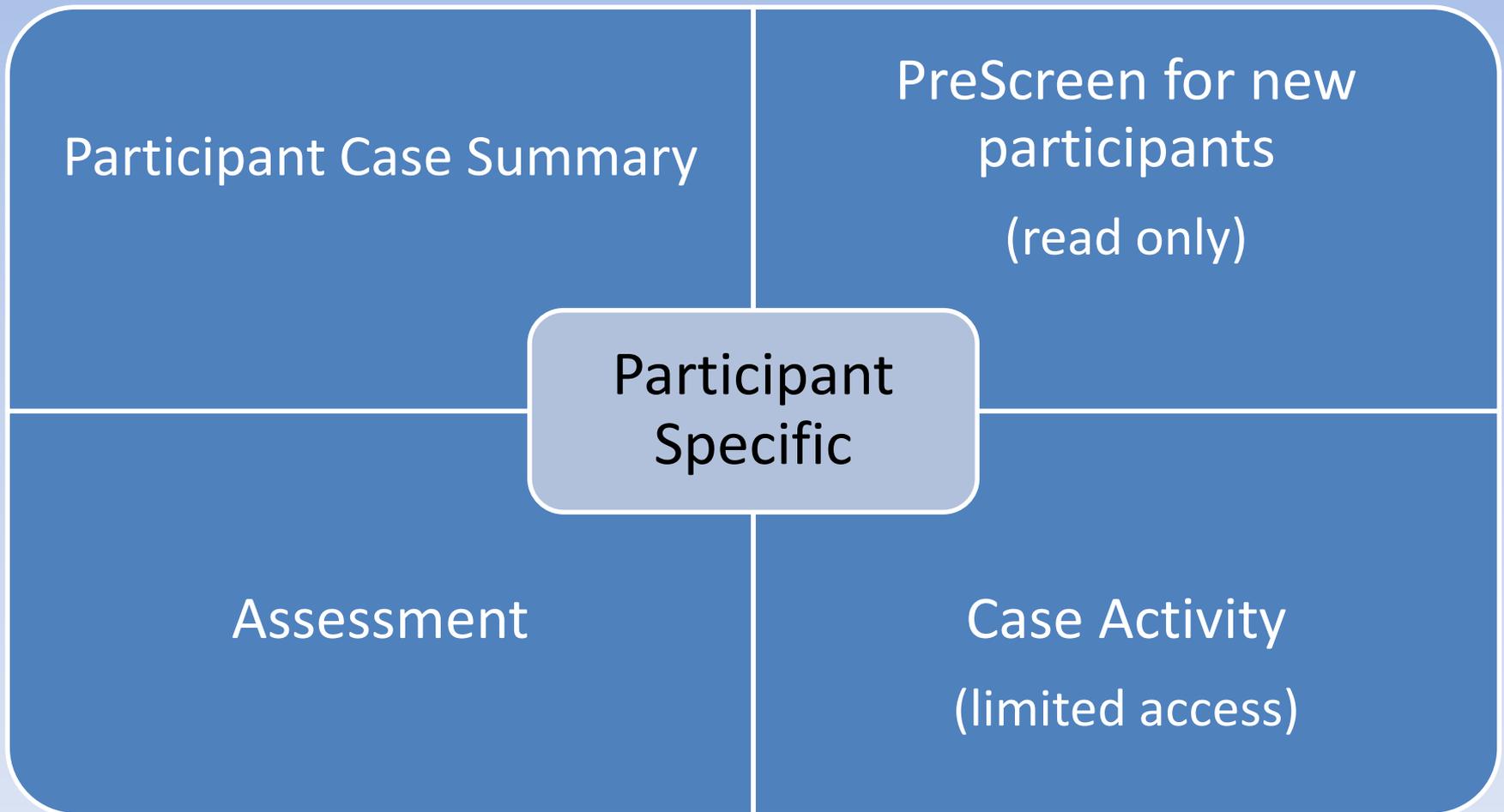
Last Name: 0051LNAME	Address: 0051ADD1
First Name: 0051FNAME	0051ADD2
Middle Initial -	0051CITY MO, 64064
Date of Birth -	
Gender: M	Health Care Home: None
Phone #: 0051PHONE	Start Date: NA
MO HealthNet: 1	<a href="#">View History Link</a>
	<a href="#">Health Care Home Information</a>

# Navigation to a Participant's HCBS Record

The screenshot displays the MoHealthNet Cyber Access web application. At the top, there is a navigation bar with the 'Cyber Access' logo on the left and the 'MoHealthNet' logo in the center. Below the logo, a breadcrumb trail reads 'Home > Patient Info > Demographics'. A secondary navigation bar contains links for 'Print Patient Profile', 'Check Drug/e-Prescribe Drug', 'Imaging Pre-Cert', and 'Pre-Certify Service'. A main navigation menu includes 'Home', 'Patient Info', 'Drug Hx', 'Medical Hx', 'Clinical Data', 'HCBS', 'HCY Screen', and 'Message Center(1)'. The 'HCBS' menu item is expanded, showing a dropdown with 'DSDS', 'HCBS', and 'HCBS Case History(0)'. A red arrow points to the 'HCBS' option in the dropdown. Below the navigation, the 'MO HealthNet Demographics' section is visible, containing fields for 'Last Name: 0008LNAME', 'First Name: 0008FNAME', 'Middle Initial:', 'Date of Birth:', 'Gender:', 'Phone #:', 'MO HealthNet ID:', 'Address: 0008ADD1 0008ADD2 0008CITY MO, 63044', 'Health Care Home: None', and 'Start Date: NA'. A 'View History Link' and 'Health Care Home Information' are also present.

Once a participant's demographics are displayed, navigate to the participant's HCBS record by selecting HCBS from the drop down.

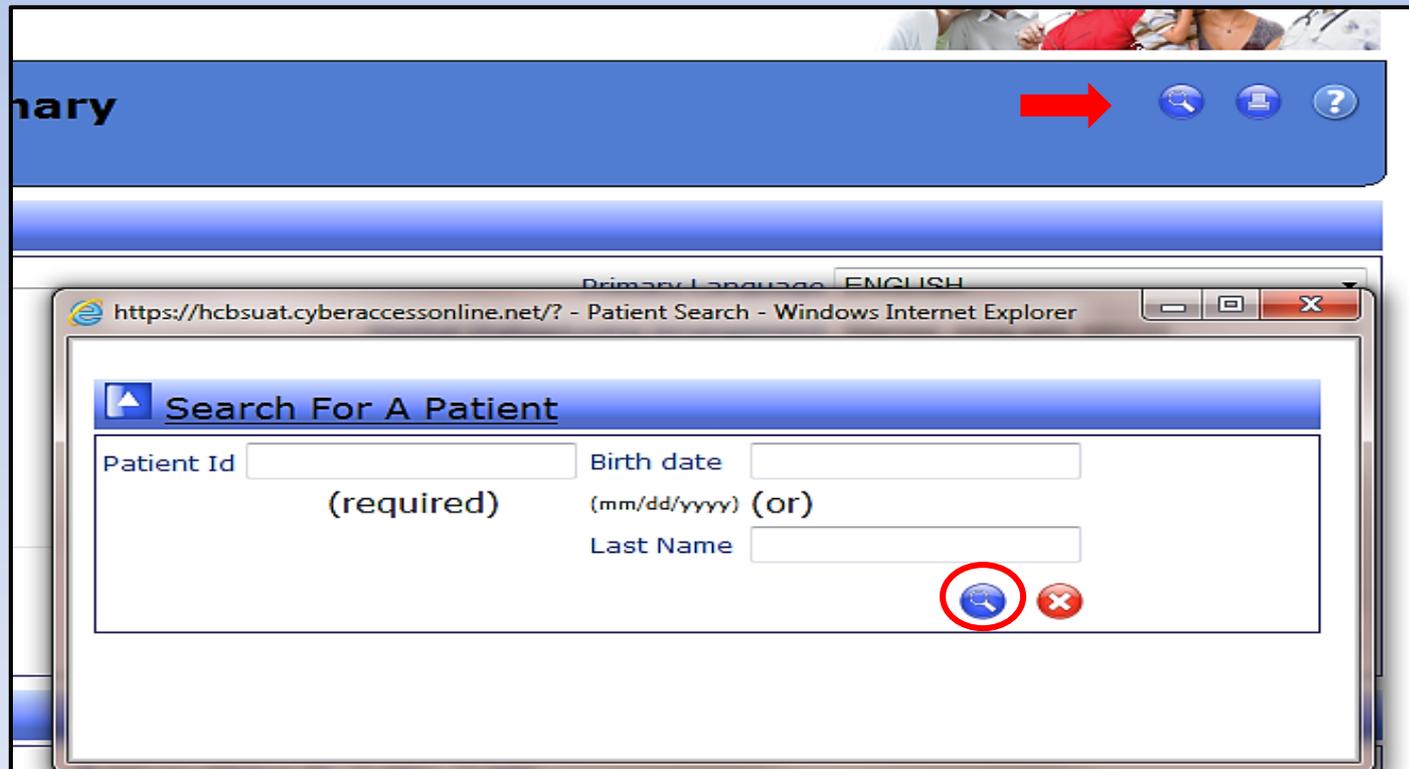
# Selecting HCBS Provides Access to Participant Specific Screens



# Internal Search

Within the HCBS module (any screen), use the internal search feature for *every new participant search*. Select the  .

In the pop-up box enter the search criteria for the new participant and select the  or 'Enter.'



# Participant Case Summary Screen

## Demographics

- HCBS providers have the ability to update.
- Demographics information includes Address, Directions to Residence, Primary Language, Living Arrangement and Special Communication Needs.

The screenshot displays the 'Participant Case Summary' interface. The 'Demographics' tab is selected and circled in red. The form contains the following fields and options:

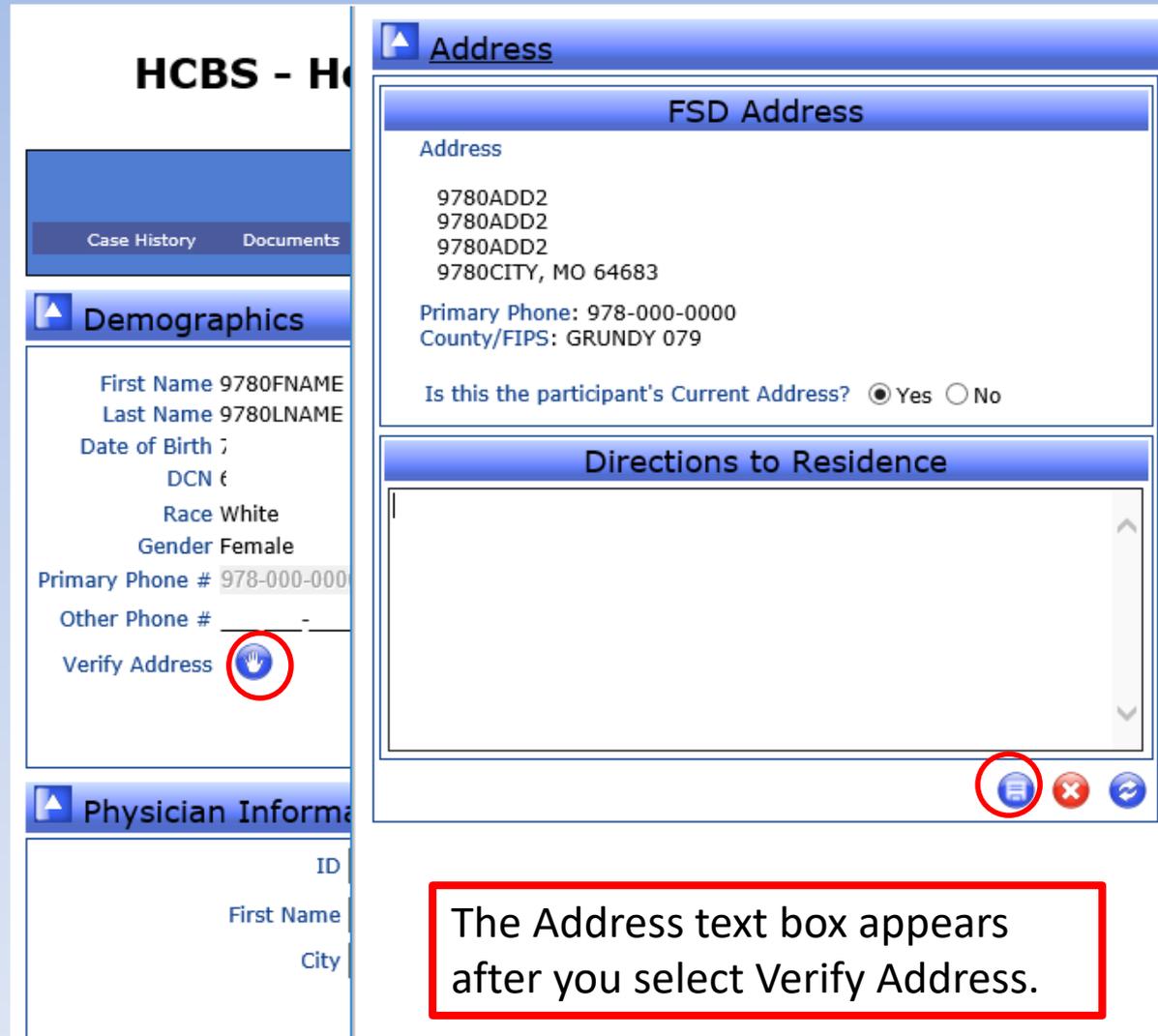
- Demographics Section:**
  - First Name: 2359FNAME I
  - Last Name: 2359LNAME
  - Date of Birth: 2/9
  - Race: White
  - Gender: Female
  - Primary Phone #: 235-000-0000
  - Other Phone #: \_\_\_\_\_
  - Verify Address:
  - Directions to Residence: Take the first road to the right past the big red barn.
  - Primary Language: ENGLISH (dropdown)
  - Marital Status/Living Arrangement: Married, living with spouse (dropdown)
  - Special Communication Needs: Other (dropdown)
  - Special Communication Needs Notes:
- Physician Information Section:**
  - ID:
  - MO HealthNet ID:  DEA:  NPI:
  - First Name: Doctor
  - Last Name: Smith
  - City:
  - Zip Code:

Mandated reporters (Chapter 565.188, RSMo) aware of any abuse, neglect, or exploitation of the elderly or disabled are required to contact the Division of Senior and Disability Services Hotline at 1-800-392-0210 to make a report.

# Participant Case Summary Screen – editable fields

## Update Address:

- Select **Verify Address**  to review all of the information in the Address pop up box.
- The FSD Address (at the top of the text box) is not editable. If the participant does not currently live at the FSD Address, select No.



The screenshot displays the 'HCBS - H...' interface. On the left, the 'Demographics' section includes fields for First Name (9780FNAME), Last Name (9780LNAME), Date of Birth, DCN, Race (White), Gender (Female), Primary Phone # (978-000-000), and Other Phone #. A red circle highlights the 'Verify Address' button with a hand icon. On the right, the 'Address' pop-up box is shown, featuring a blue header 'Address' and a sub-header 'FSD Address'. The address text box contains the following text: 9780ADD2, 9780ADD2, 9780ADD2, 9780CITY, MO 64683. Below this, it shows 'Primary Phone: 978-000-0000' and 'County/FIPS: GRUNDY 079'. A question 'Is this the participant's Current Address?' has radio buttons for 'Yes' (selected) and 'No'. Below the address box is a 'Directions to Residence' section with a scrollable text area. At the bottom right of the pop-up box, there are three icons: a blue 'OK' button (circled in red), a red 'X' button, and a blue refresh button.

The Address text box appears after you select Verify Address.

# Participant Case Summary Screen – editable fields

## Update Address:

- When No is selected, a Current Address field will display. Complete the required fields marked with a red asterisk.
- If Directions to Residence are needed, they must be entered within the Address window.
- Select Save to retain changes.

### Address

#### FSD Address

Address

9780ADD2  
9780ADD2  
9780ADD2  
9780CITY, MO 64683

Primary Phone: 978-000-0000  
County/FIPS: GRUNDY 079

Is this the participant's Current Address?  Yes  No

#### Current Address

Address 1  \*

Address 2

City  \*

State  \*

Zip Code  \*

Primary Phone  \*

County/FIPS  \*

#### Directions to Residence

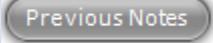
  

# Participant Case Summary Screen

## editable fields

## Demographics

1. Review and edit Primary Language, Living Arrangement and Special Communication Needs using the associated dropdown boxes.
2. Enter information specific to communication in the text box.
3. Select Save to save and update the Demographic section.

To view previously entered notes select the button  .

# Participant Case Summary Screen

## editable fields

### Physician Information

- To remove previously entered Physician Information, select refresh. 
- Enter as much of the search criteria that you have and select Search. 
- Select the  for the physician to populate.
- The physician ID is not used and remains blank.

Participant Case Summary

Case History Documents

#### Demographics

First Name 2359NAME I  
Last Name 2359LNAME  
Date of Birth 2/9  
Race White  
Gender Female  
Primary Phone # 235-000-0000  
Other Phone # \_\_\_\_\_  
Verify Address 

Directions to Residence  
Take the first road to the right past the big red barn.

Primary Language ENGLISH  
Marital Status/Living Arrangement Married, living with spouse  
Special Communication Needs Other  
Special Communication Needs Notes 

#### Physician Information

ID   
First Name Doctor  
City   
 MO HealthNet ID  DEA  NPI  
Last Name Smith  
Zip Code

Mandated reporters (Chapter 565.188, RSMo) aware of any abuse, neglect, or exploitation of the elderly or disabled are required to contact the Division of Senior and Disability Services Hotline at 1-800-392-0210 to make a report.

# Participant Case Summary Screen

## Eligibility

- Medicaid eligibility may not reflect 'real time' information.
- Providers should verify Medicaid eligibility either through:
  - Accessing [www.emomed.com](http://www.emomed.com), or
  - Using the Interactive Voice Response (IVR) system (573) 751-2896.

**Participant Case Summary**

Case History Documents

### Demographics

First Name 2359FNAME I	Directions to Residence	Primary Language ENGLISH
Last Name 2359LNAME	Take the first road to the right past the big red barn.	Marital Status/Living Arrangement Married, living with spouse
Date of Birth 7/1/1950		Special Communication Needs Other
DCN 3000000000		Special Communication Needs Notes
Race White		<input type="button" value="Previous Notes"/>
Gender Female		
Primary Phone # 235-000-0000		
Other Phone # - - -		
Verify Address		

### Physician Information

ID <input type="text"/>	<input checked="" type="radio"/> MO HealthNet ID <input type="radio"/> DEA <input type="radio"/> NPI
First Name Doctor	Last Name Smith
City <input type="text"/>	Zip Code <input type="text"/>

Mandated reporters (Chapter 565.188, RSMo) aware of any abuse, neglect, or exploitation of the elderly or disabled are required to contact the Division of Senior and Disability Services Hotline at 800-392-0219 to make a report.

### Eligibility

HCBS Medicaid Referral  CDS Restricted

HCBS Eligibility Determination  HCBS Eligibility

Participant has met age and MO HealthNet funding requirements on 2/6/2015

# Participant Case Summary Screen

## editable fields

## Other Information

### Other Responsible Person

- Enter information for any person providing support for the participant. If the participant now has a guardian or power of attorney, attach documentation in the Attachments Section on the Case Activity screen.

1 Total Rows						
	Case #	Case Opened	Case Closed	Closed By	Reason	Priority Risk
Case Activity	131166	6/4/2015				2 - Medium

Page 1 of 1

# Participant Case Summary Screen – editable fields

- When Yes is selected, text fields will display to add information. Required fields are marked with a red asterisk.
- Select Save.
- Select arrow icon to review notes.

Other Responsible Person    Formal Supports

Does the participant have a legal guardian?  
 Yes  No

Does the participant have an Other Responsible Person?  
 Yes  Yes, Same as Legal Guardian  No

### Other Responsible Person

First Name  \*      Last Name  \*

Relationship To Participant  \*

Address 1  \*  
Address 2

City  \*      State  \*

Zip Code  -  \*

Home Phone  -       Other Phone  -

Other Responsible Person Notes 

Include information about the support the Other Responsible Person provides. Select Save. To see all notes, select the arrow in blue.

# Participant Case Summary Screen

## editable fields

## Other Information

### Formal Supports

- Enter information related to other paid services/supports currently provided for the participant.

**Other Information**

Other Responsible Person | **Formal Supports**

Other Responsible Person | **Formal Supports**

Does the participant have formal supports?

Yes  No

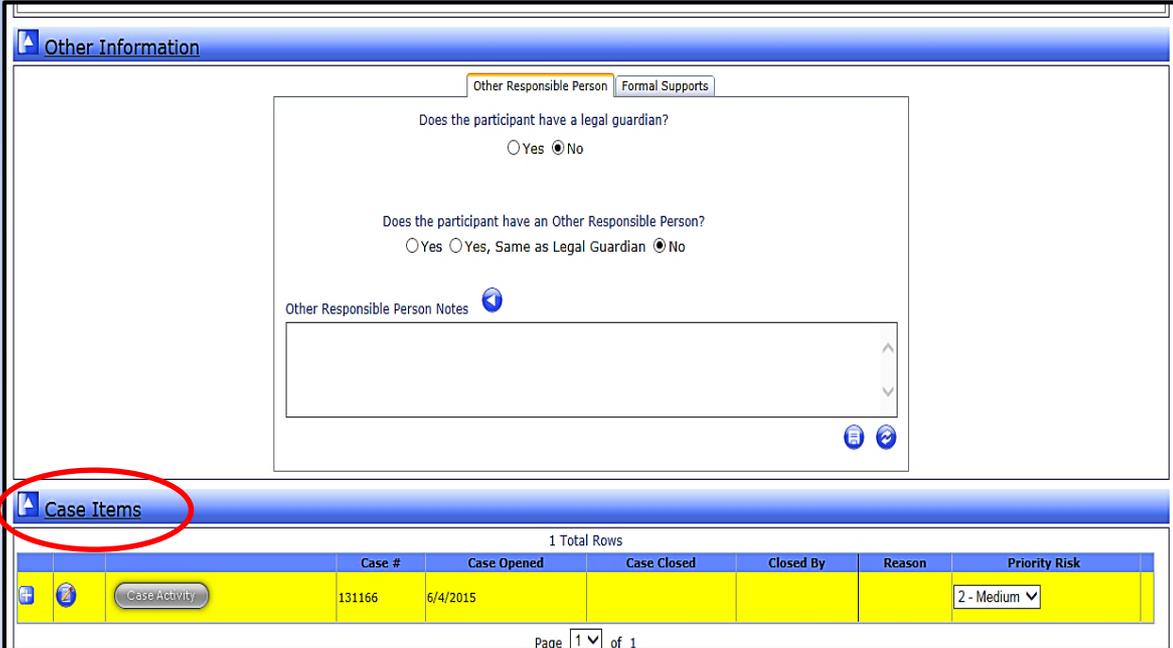
Home Health Agency	<input type="text"/>	Telephone #	<input type="text"/>
Hospice	<input type="text"/>	Telephone #	<input type="text"/>
Other Agency #1	<input type="text"/>	Telephone #	<input type="text"/>
Other Agency #2	<input type="text"/>	Telephone #	<input type="text"/>
Other Agency #3	<input type="text"/>	Telephone #	<input type="text"/>

# Participant Case Summary Screen

## Case Items

- Provides a list of the case stages and the view of the prior authorizations for HCBS.
- Select  on the case line to display the case stages including the Prior Authorization – Care Plan.



The screenshot displays the 'Other Information' tab of a case summary screen. It contains two questions with radio button options:

Does the participant have a legal guardian?  
 Yes  No

Does the participant have an Other Responsible Person?  
 Yes  Yes, Same as Legal Guardian  No

Below these questions is a text area for 'Other Responsible Person Notes' with a blue plus icon to its left. At the bottom of the screen, a table titled 'Case Items' is visible. The table has a yellow header and a yellow body. A red circle highlights the 'Case Items' tab label, and a red arrow points to the table. The table contains one row of data.

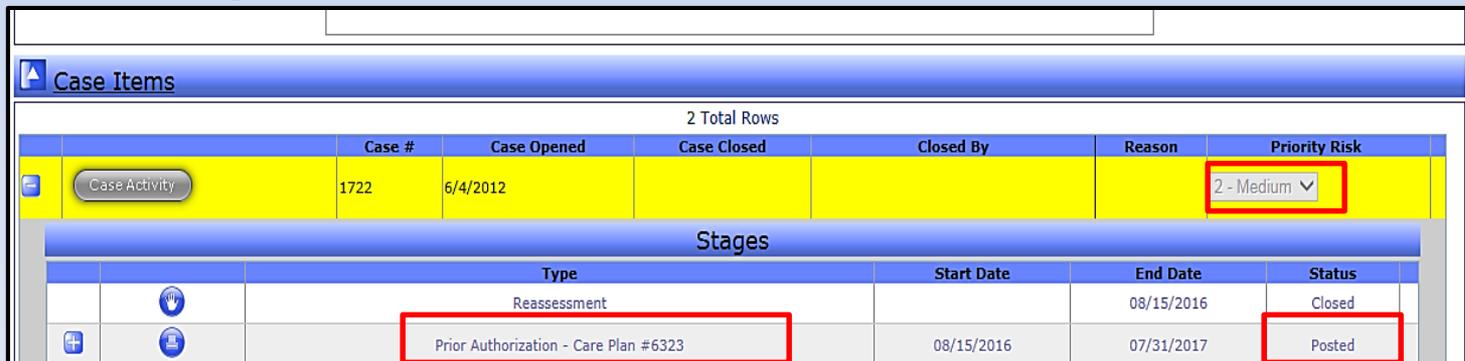
1 Total Rows						
	Case #	Case Opened	Case Closed	Closed By	Reason	Priority Risk
  Case Activity	131166	6/4/2015				2 - Medium

Page 1 of 1

# Participant Case Summary

## Prior Authorization – Care Plan

- Priority Risk on the Case Line is provided to assist with service delivery during periods of staff shortages.
- Upon expansion of the case, the associated case stages will be displayed.
- Determine the applicable Prior Authorization – Care Plan with a posted status.
  - A posted status indicates that a prior authorization (PA) number has been submitted to MMIS. A PA in pending status does NOT ensure payment for any services delivered.
- Expand the applicable posted Prior Authorization – Care Plan by selecting the . Each posted Prior Authorization – Care Plan will have a specific number assigned to aid in identification.



Case Items							
2 Total Rows							
	Case #	Case Opened	Case Closed	Closed By	Reason	Priority Risk	
	1722	6/4/2012				2 - Medium	

Stages				
	Type	Start Date	End Date	Status
	Reassessment		08/15/2016	Closed
	Prior Authorization - Care Plan #6323	08/15/2016	07/31/2017	Posted

# Participant Case Summary

## Prior Authorization – Care Plan

Expanding the Prior Authorization – Care Plan line with a Status of Posted provides a view of all the Service Types authorized for the selected participant. All services and associated providers for the participant will display in this view.

Stages									
		Type	Start Date	End Date	Status				
		Prior Authorization - Care Plan #6579	03/07/2017	02/28/2018	Posted				
Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month	Status	PA #	
1	Authorized Nurse Visit (per visit)	MD	12/01/2017	12/31/2017	Integrity Home Care, Inc	1	Posted	2017/	
2	Authorized Nurse Visit (per visit)	MD	06/01/2017	06/30/2017	Integrity Home Care, Inc	1	Posted	2017/	
3	Adult Day Care (age 63 and older)	MD	03/07/2017	02/28/2018	Genesis Adult Care, LLC	828	Posted	2017/	
4	Personal Care – Agency Model (15-min. unit)	MD	03/07/2017	02/28/2018	Integrity Home Care, Inc	50	Posted	2017/	



# Participant Case Summary

## Prior Authorization – Care Plan

Review each Service  
Type line for:

- Effective Dates / End Dates for delivery of the services;
- Selected Providers;
- Total Units/Month; and
- Prior Authorization numbers (PA#).

Case Items									
1 Total Rows									
	Case #	Case Opened	Case Closed	Closed By	Reason	Priority Risk			
Case Activity	2842	1/17/2017				2 - Medium			
Stages									
	Type	Start Date	End Date	Status					
	Prior Authorization - Care Plan #6579	03/07/2017	02/28/2018	Posted					
Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month	Status	PA #	
1	Authorized Nurse Visit (per visit)	MD	12/01/2017	12/31/2017	Integrity Home Care, Inc	1	Posted	201706	
2	Authorized Nurse Visit (per visit)	MD	06/01/2017	06/30/2017	Integrity Home Care, Inc	1	Posted	201706	
3	Adult Day Care (age 63 and older)	MD	03/07/2017	02/28/2018	Genesis Adult Care, LLC	828	Posted	201706	
4	Personal Care – Agency Model (15-min. unit)	MD	03/07/2017	02/28/2018	Integrity Home Care, Inc	50	Posted	201706	

# To View the Service and Associated Tasks

Select  to expand each individual service line item to display the associated tasks / frequency for the selected service type.

Case Items									
1 Total Rows									
Case #	Case Opened	Case Closed	Closed By	Reason	Priority Risk				
2842	1/17/2017				2 - Medium				
Stages									
Type	Start Date	End Date	Status						
Prior Authorization - Care Plan #6579	03/07/2017	02/28/2018	Posted						
Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month	Status	PA	
 1	Authorized Nurse Visit (per visit)	MD	12/01/2017	12/31/2017	Integrity Home Care, Inc	1	Posted	20170660	
Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month				
1	Gen Health Evaluation		1						
 2	Authorized Nurse Visit (per visit)	MD	06/01/2017	06/30/2017	Integrity Home Care, Inc	1	Posted	20170660	
Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month				
1	Gen Health Evaluation		1						
 3	Adult Day Care (age 63 and older)	MD	03/07/2017	02/28/2018	Genesis Adult Care, LLC	828	Posted	20170660	
Line #	Task	# Units/Day	# Days/Week	# Days/Month					
1	(no task)	36	5	23					
 4	Personal Care - Agency Model (15-min. unit)	MD	03/07/2017	02/28/2018	Integrity Home Care, Inc	50	Posted	20170660	
Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month				
1	Bathing	15		2					
2	Dressing/Grooming	15		2					
3	Med Rel HC Tasks: Clean Bath	15		1					
4	Med Rel HC Tasks: Make Bed/Change Linens	10		2					
5	Med Rel HC Tasks: Clean Living Area	30		1					

# Personal Care (PC) and Advanced Personal Care (APC) in a Residential Care Facility (RCF) / Assisted Living Facility (ALF)

- Prior Authorizations for PC or PC/APC in an RCF or ALF display an icon in the total units per month field.
- Upon selection of the icon, a pop up box displays the authorization in monthly segments.
- The printed care plan also displays the authorization in monthly segments.

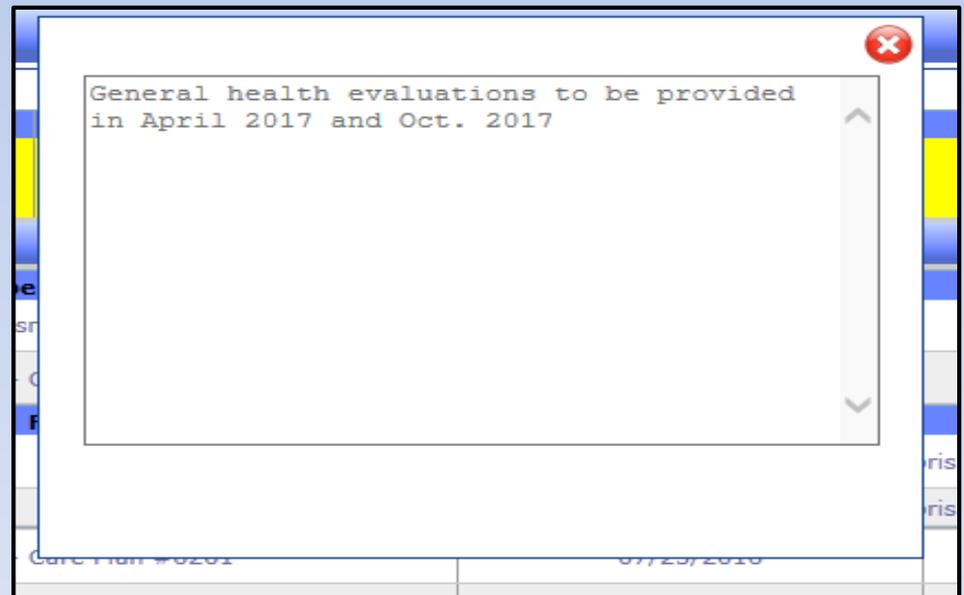
Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month	Status	PA #
1	Personal Care in RCF/ALF (15-min. unit)	MD	07/14/2015	06/30/2016	MS B'S BLESSINGS		Posted	20151950000221

Effective Date	End Date	Units/Month
07/14/2015	07/31/2015	93
08/01/2015	08/31/2015	93
09/01/2015	09/30/2015	92
10/01/2015	10/31/2015	93
11/01/2015	11/30/2015	92
12/01/2015	12/31/2015	93
01/01/2016	01/31/2016	93
02/01/2016	02/29/2016	91
03/01/2016	03/31/2016	93
04/01/2016	04/30/2016	92
05/01/2016	05/31/2016	93
06/01/2016	06/30/2016	92

# To View Service Delivery Comments for a Prior Authorization – Care Plan

- A  indicates a comment exists related to care plan delivery for a specific service.
- To view the comment, expand the associated Prior Authorization-Care Plan on the Participant Case Summary screen by selecting the .
- Select the  to view the comment.
  - Service Delivery Comments do not eliminate the need for providers/vendors to review the Case Notes section of the Case Activities screen.
  - Comments will print when the associated Prior Authorization-Care Plan is printed.

Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month	Status	PA #
1	Authorized Nurse Visit (per visit)	MD	01/18/2017	12/31/2017	A M Healthcare Enterprises, Ltd.	5	Posted	20 21
2	Personal Care – Agency Model (15-min. unit)	MD	01/18/2017	12/31/2017	A M Healthcare Enterprises, Ltd.	155	Posted	20 21



# Determining Care Plan Service Delivery

- **The Care Plan is individualized based upon the participant's unmet needs as determined by the assessment.**
  - **Total monthly units are automatically calculated based on a 31-day month (excluding PC or PC/APC in an RCF or ALF – see slide 36). Total monthly units may not always be necessary during shorter months.**
  - **Coordinate with the participant the number of units/day and days/week based upon tasks and maximum days for the current month.**
  - **Any variance from the identified tasks and frequencies shall be documented by the provider.**

# Understanding an Amended Authorization

Amended authorizations are identified by an asterisk in the Total Units/Month column.

- Used by DSDS for manual entry of total monthly units for Personal Care: Consumer-Directed or Agency Model.
- Used only in those situations when the participant has needs identified at the cost cap but the task and frequency selections do not calculate to the exact cost cap.
- Amended unit amount will display as the total units/month on the Participant Case Summary screen and will be transmitted to MMIS when the prior authorization is posted.

 		Prior Authorization - Care Plan #7260	06/26/2019		05/31/2020		Posted	
Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month	Status	PA
1	Authorized Nurse Visit (per visit)	MD	03/01/2020	03/31/2020	Integrity Home Care LLC	1	Posted	20191780
2	Authorized Nurse Visit (per visit)	MD	09/01/2019	09/30/2019	Integrity Home Care LLC	1	Posted	20191780
3	Personal Care – Agency Model (15-min. unit)	MD	06/26/2019	05/31/2020	Integrity Home Care LLC	436 *	Posted	20191780

Total units based on 7/2019  
monthly maximums

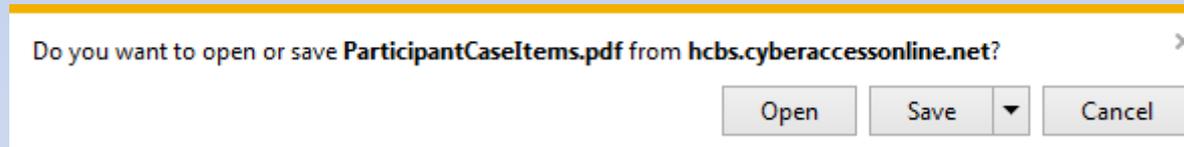
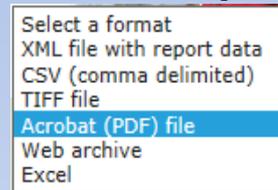
# Printing the Prior Authorization - Care Plan

Select the print icon to the left of the appropriate care plan .

Case Items									
1 Total Rows									
Case Activity		Case #	Case Opened	Case Closed	Closed By	Reason	Priority Risk		
		2842	1/17/2017				2 - Medium		
Stages									
		Type	Start Date	End Date	Status				
		Prior Authorization - Care Plan #6579	03/07/2017	02/28/2018	Posted				
Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month	Status	PA	
1	Authorized Nurse Visit (per visit)	MD	12/01/2017	12/31/2017	Integrity Home Care, Inc	1	Posted	20170660	
Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month				
1	Gen Health Evaluation		1						
2	Authorized Nurse Visit (per visit)	MD	06/01/2017	06/30/2017	Integrity Home Care, Inc	1	Posted	20170660	
Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month				
1	Gen Health Evaluation		1						
3	Adult Day Care (age 63 and older)	MD	03/07/2017	02/28/2018	Genesis Adult Care, LLC	828	Posted	20170660	
Line #	Task	# Units/Day	# Days/Week	# Days/Month					
1	(no task)	36	5	23					
4	Personal Care – Agency Model (15-min. unit)	MD	03/07/2017	02/28/2018	Integrity Home Care, Inc	50	Posted	20170660	
Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month				
1	Bathing	15		2					
2	Dressing/Grooming	15		2					
3	Med Rel HC Tasks: Clean Bath	15		1					
4	Med Rel HC Tasks: Make Bed/Change Linens	10		2					
5	Med Rel HC Tasks: Clean Living Area	30		1					

# Care Plan Print View

- The care plan will display as a report.
- From the ‘Select a format’ drop down, choose **Acrobat (PDF) file** and then **Select Export**.
- The following message will display:



- **Select Open to display the care plan in a printable version. Print as normal using the tool bar at the top of the screen.**

# Case Activity Screen

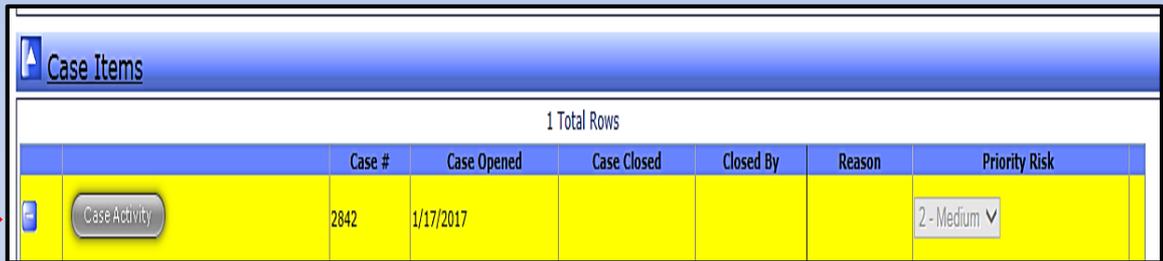
**HCBS providers use the Case Activity Screen to:**

- **View/Attach (upload) participant specific documents;**
- **Review Case Notes; and**
- **Enter relevant Case Notes.**



# Navigation to the Case Activity Screen

- From the Participant Case Summary Screen select the Case Activity button on the associated case line.



The screenshot shows a table titled "Case Items" with a blue header bar. Below the header, it indicates "1 Total Rows". The table has columns for Case #, Case Opened, Case Closed, Closed By, Reason, and Priority Risk. A single row is highlighted in yellow, containing the case number 2842, the date 1/17/2017, and a dropdown menu for Priority Risk set to "2-Medium". A red arrow points to a "Case Activity" button located in the first column of this row.

	Case #	Case Opened	Case Closed	Closed By	Reason	Priority Risk
<a href="#">Case Activity</a>	2842	1/17/2017				2-Medium

- Navigation is also available from the Assessment screen.



The screenshot shows the "Assessment Status" screen with a blue header bar. Below the header, there are three green buttons: "Assessment", "Care Plan Services Selection", and "Authorized Care Plan Services". At the bottom right, there are two links: "Participant Case Summary" and "Case Activity". A red arrow points to the "Case Activity" link.

Assessment Status		
<a href="#">Assessment</a>	<a href="#">Care Plan Services Selection</a>	<a href="#">Authorized Care Plan Services</a>
<a href="#">Participant Case Summary</a>	<a href="#">Case Activity</a>	

# Viewing an Existing Attachment on the Case Activity Screen

Existing attachments will appear in the Attachments section.



To view the attachment select .

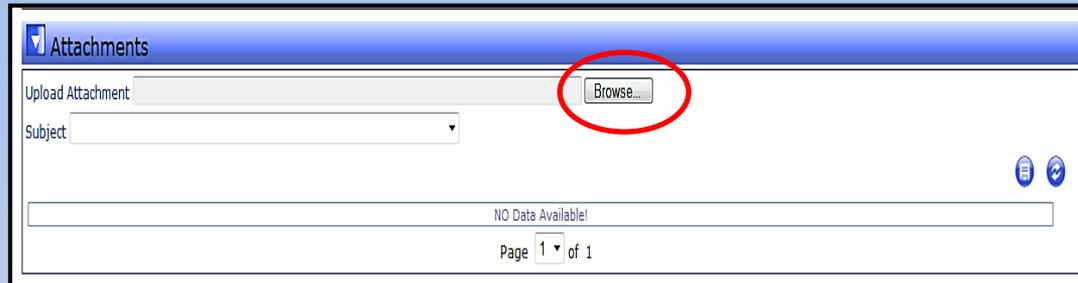


	Subject	Date Imported	Deleted Date	Deleted By	Comments
 	Da-3	04/10/2012			

Page 1 of 1

# Adding an Attachment on the Case Activity Screen Requires Notification to DSDS

- Select Browse in the Attachments section.
  - Launches standard file browse capability.
- Select the appropriate subject from the drop down list.
- Select Save  to store the attachment.
  - Providers cannot delete attachments. Contact DSDS to delete attachments uploaded in error.



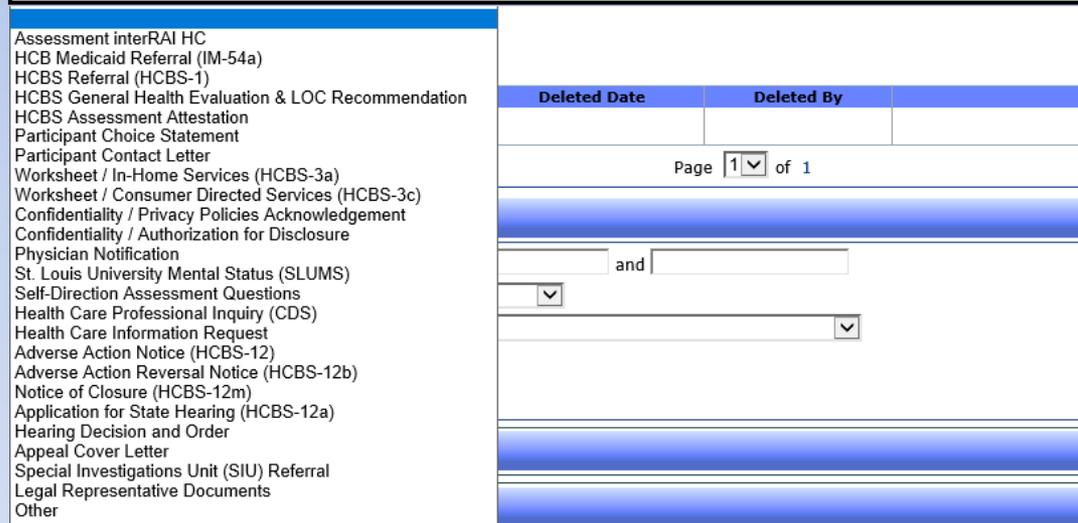
Attachments

Upload Attachment

Subject:

NO Data Available!

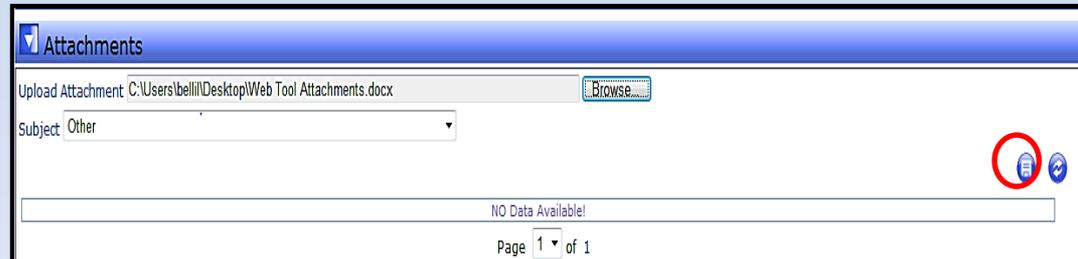
Page 1 of 1



Assessment interRAI HC  
HCB Medicaid Referral (IM-54a)  
HCBS Referral (HCBS-1)  
HCBS General Health Evaluation & LOC Recommendation  
HCBS Assessment Attestation  
Participant Choice Statement  
Participant Contact Letter  
Worksheet / In-Home Services (HCBS-3a)  
Worksheet / Consumer Directed Services (HCBS-3c)  
Confidentiality / Privacy Policies Acknowledgement  
Confidentiality / Authorization for Disclosure  
Physician Notification  
St. Louis University Mental Status (SLUMS)  
Self-Direction Assessment Questions  
Health Care Professional Inquiry (CDS)  
Health Care Information Request  
Adverse Action Notice (HCBS-12)  
Adverse Action Reversal Notice (HCBS-12b)  
Notice of Closure (HCBS-12m)  
Application for State Hearing (HCBS-12a)  
Hearing Decision and Order  
Appeal Cover Letter  
Special Investigations Unit (SIU) Referral  
Legal Representative Documents  
Other

Deleted Date	Deleted By

Page 1 of 1



Attachments

Upload Attachment: C:\Users\bellin\Desktop\Web Tool Attachments.docx

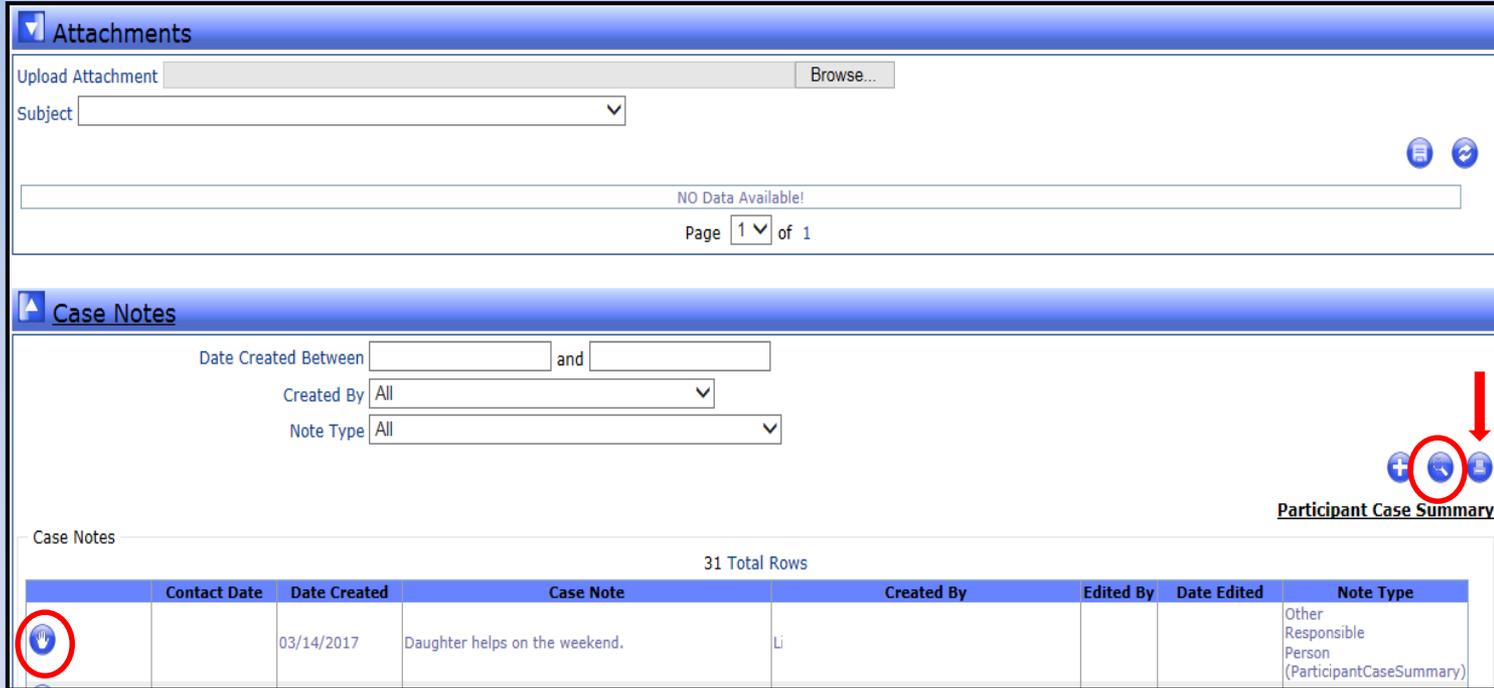
Subject: Other

NO Data Available!

Page 1 of 1

# Searching for Case Notes on the Case Activity Screen

- Select  on the right side of the screen.
- Case Notes will expand.



The screenshot displays the 'Case Activity Screen' with two main sections: 'Attachments' and 'Case Notes'.

**Attachments Section:** Includes an 'Upload Attachment' field with a 'Browse...' button, a 'Subject' dropdown menu, and a 'NO Data Available!' message. The page is labeled 'Page 1 of 1'.

**Case Notes Section:** Features search filters for 'Date Created Between', 'Created By' (set to 'All'), and 'Note Type' (set to 'All'). A 'Participant Case Summary' link is visible on the right. A table below shows 31 total rows of case notes.

	Contact Date	Date Created	Case Note	Created By	Edited By	Date Edited	Note Type
		03/14/2017	Daughter helps on the weekend.	Li			Other Responsible Person (ParticipantCaseSummary)

To read the full text of a specific note select  next to the associated line. (To view the full text of all notes, select the print icon  to display in a PDF.)

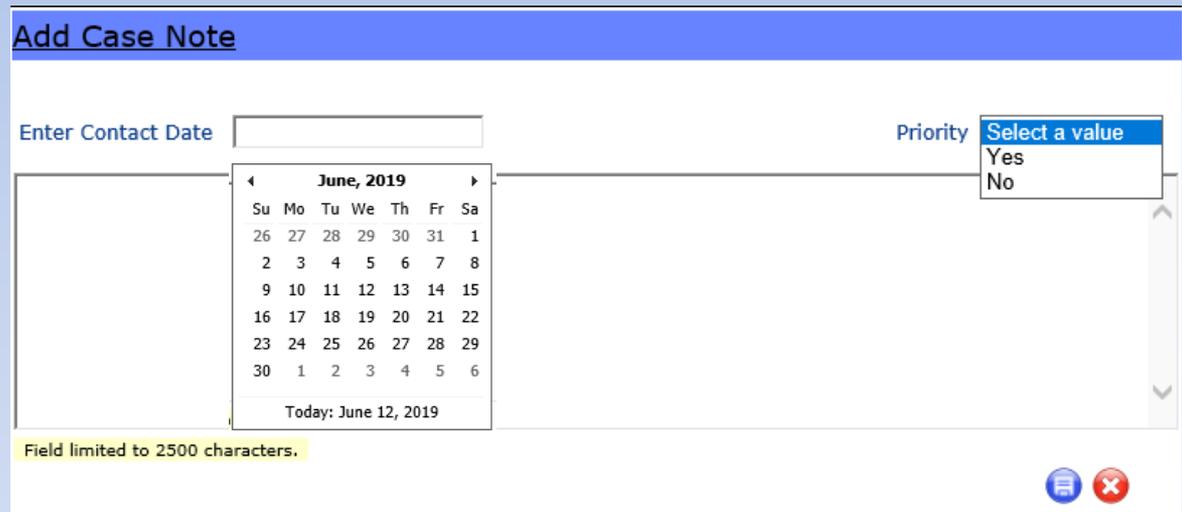
# Adding a Case Note on the Case Activity Screen

Within Case Notes on the Case Activity Page:

- Select  in the lower right hand corner.
- 'Add Case Note' will display.
- 'Enter Contact Date' will display. Select from the calendar the date contact with the participant or DSDS occurred.
- 'Priority' will display. Select the appropriate value. \*
- Enter *objective, factual, participant specific* information.
- Proofread the entered information.
- User should sign the note with their name and agency for identification.
- Select Save. 
- If a case note needs to be edited or deleted, contact DSDS.



The screenshot shows the 'Case Notes' filter panel. It includes a search bar, a 'Date Created Between' field with two input boxes, a 'Created By' dropdown menu set to 'All', and a 'Note Type' dropdown menu set to 'All'. In the bottom right corner, there are three icons: a plus sign (circled in red), a left arrow, and a right arrow. Below the icons is the text 'Participant Case Summary'.



The screenshot shows the 'Add Case Note' form. It features a blue header with the title 'Add Case Note'. Below the header, there is a text input field labeled 'Enter Contact Date' and a 'Priority' dropdown menu with options 'Select a value', 'Yes', and 'No'. A calendar for June 2019 is displayed, showing the days of the week and dates. Below the calendar, it says 'Today: June 12, 2019'. At the bottom left, there is a yellow warning box that says 'Field limited to 2500 characters.'. At the bottom right, there are two icons: a blue document icon and a red 'X' icon.

***\*Per PM-13-10/VM-13-11, providers shall enter a priority of 'yes' only 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 replace the requirement for the provider to contact DSDS. Providers shall still contact the appropriate regional evaluation team to alert DSDS of the added note.***

# **Other Information from Participant Specific Screens**

# Participant Information Available to HCBS Providers

## PreScreen (read only access)

- Used to determine preliminary level of care eligibility.
  - Only one PreScreen is required for an open case.
  - PreScreen is not required for any participant currently receiving HCBS.
  - PreScreen may be completed over the phone.
  - PreScreen includes:
    - Demographics,
    - Physician Information, and
    - PreScreen Evaluation.
      - Other Responsible person;
      - Reported Health condition;
      - Formal supports;
      - Requested HCBS; and
      - Level of Care.
- Displays either:  
'Criteria Met' or 'Criteria Not Met.'

# Navigation to the PreScreen

- Expand the Case Items on the Participant Case Summary Screen.
- Under Case Stages, select the  next to the associated PreScreen line.
- Within the PreScreen, specific information is located on the various tabs under the PreScreen Evaluation Steps including contact information for Other Responsible Person and Level of Care.



**PreScreen Evaluation Steps**

Other Responsible Person | Reported Health Conditions | Formal Supports | Requested HCBS | **Level of Care** | Assessment Auth

Level Of Care Questions



Referral Source:

Signed By:

Title:

Criteria Met

# Participant Information Available to HCBS Providers

## Assessment Screen

- Provides access to the Assessment information.
  - Uses the interRAI HC document for comprehensive assessment to determine level of care.
  - Level of care eligibility is determined through a standardized decision tree algorithm.
- Provides information to assist the assessor in care plan development.



# Navigation to the Assessment

- Expand the Case Items on the Participant Case Summary Screen.
- Under Case Stages, select the  next to the associated Assessment line.
- On the Assessment Screen, 'Criteria Met' message indicates that the nursing facility level of care was met after completion of the interRAI HC .



**Note:** 'Criteria Not Met' indicates the participant has not met the required level of care for HCBS.

- Specific interRAI HC information can be reviewed by selecting the .

# Additional Information

- Subscribe to the DSDS E-News to receive notification of Provider/Vendor Memos and to access HCBS Web Tool information: <http://health.mo.gov/seniors/hcbs/>
- Provider/Vendor memos can be located at: <http://health.mo.gov/seniors/hcbs/memos.php>
- Web Tool Provider Communication:
- <http://health.mo.gov/seniors/hcbs/webtoolcommunications.php>
- Questions regarding Web Tool functionality: [DSDSWebTool@health.mo.gov](mailto:DSDSWebTool@health.mo.gov)