
Web Tool Reassessment Guide



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Introduction

The following guide provides HCBS Web Tool instruction for HCBS providers 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. Additional Web Tool guidance can be found in the [HCBS Policy Manual](#) and in the [HCBS Provider Web Tool Instructional Guide](#).

Log In and Participant Search

Using Internet Explorer, navigate to <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 search icon at the top right of each screen.
- Enter the participant's ID (DCN) and birth date or last name and select or Enter.

Using this search feature navigates the user to the Participant Case Summary screen for the newly selected participant, closing the record of the previous participant. There should never be two records open at the same time.

HCBS - Home and Community Based Services



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 website has been added to the compatibility view settings.

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. All editable fields shall be verified and updated at each reassessment when needed.

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:

- Other phone
- Verify Address - Select the hand button 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 save.
 - If the participant with a previously entered 'Current Address' has returned to the FSD address, select 'yes' and save to delete the previously entered Current Address and retain the selection.

Demographics Continued:

- 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 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 save. The directions populate within the Demographics section.

Safety Risks

Situations may arise that pose a safety risk (e.g., drug use, weapons etc.) to individuals entering and working with a participant in their home. Upon identification of the safety concern, details surrounding the potential risk may be noted in the 'directions to residence' box.

- The following steps shall be followed to thoroughly document a safety concern on the Participant Case Summary screen:
 - Select the Verify Address hand icon in the Demographics section.
 - Within the Address pop up box, add a note that states 'See Case Note dated xx-xx-xxxx regarding potential safety concerns' in the Directions to Residence section.
 - Select the save icon at the bottom of the Address pop up box.
 - Select the save icon at the bottom of 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 the "Previous Notes" button.
- Select the save button to save any information added or updated within the Demographics section.

Physician Information:

Review and update any outdated Physician Information at each reassessment. To remove a previously entered physician select the refresh icon.

Physician information can be entered either:

- Through the Physician search feature: physician search can be completed by entering last name, city or zip code and selecting the search button.
 - Select the hand icon for the participant's physician to populate the physician information fields. The physician ID will remain blank.

NOTE: This search feature is the preferred method to locate the participant's physician. The data base contains most Medicaid physicians' information.

- In rare occasions, if the physician does not display after a thorough search, manual entering can be completed by selecting the plus icon and adding the physician information. The manually entered data is stored within the HCBS Web Tool; therefore, the user must ensure the accuracy of the information. The information will also display for future physician searches in the HCBS Web Tool.
- If the participant does not have a physician, a case note should be made explaining why this section was left blank.

Eligibility:

- 'HCB Medicaid Referral' checkbox - DSDS use only
- 'CDS Restricted' checkbox - DSDS use only
 - Checking 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 Provider Reassessor 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.

Eligibility Continued:

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, 1-573-751-2896 option 1; 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.

Other Information:

Review the 'Other Responsible Person' and 'Formal Supports' tabs and update as necessary at each reassessment. Select the save button to save any updates in each category. This section should not be left blank. At a minimum "no" must be selected indicating this was reviewed and the participants does not have any responsible persons or formal supports.

Note: The reassessor shall 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. CaseNet is often a good resource to locate this document. If the reassessor is unable to locate the letter, a case note should be made outlining the details in case notes.

Reassessment

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 will require data entry of the information into the HCBS Web Tool 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 (re)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.

Printing instructions are also found in the [HCBS Provider Web Tool Instructional Guide](#)

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

- Select the print icon for the most recent posted prior authorization. The care plan will display as a report.
- From the 'Select a format' drop down, choose Acrobat (PDF) file.
- Select Export.
- Select open to display the care plan in a printable version. Print as normal using the tool bar at the top of the screen.

Stages					
		Type	Start Date	End Date	Status
		Prior Authorization - Care Plan #427193	05/01/2016	03/31/2017	Posted
		Reassessment		04/21/2016	Closed
		Prior Authorization - Care Plan #317386	06/01/2015	04/30/2016	Posted
		Initial Assessment		05/28/2015	Closed

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

- Locate the most recent assessment (may be either an 'Initial Assessment' or 'Reassessment') and select the hand icon. 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 print icon in the upper right-hand corner of this section. This will open a PDF document for printing.

Completing the Reassessment:

Entry of all InterRAI HC reassessment data and the associated care plan 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.

In order to enter the reassessment information, select the 'Add Reassessment' button at the bottom of the Participant Case Summary screen. If the 'Add Reassessment' button is not available, contact the PCCP team.

This selection navigates the user to the Assessment screen for completion of the InterRAI HC and creates a reassessment with an 'open' status in the Case Items list on the Participant Case Summary screen.

NOTE: Do not select 'Add Reassessment' more than once. If you need to resume work on an incomplete reassessment, navigate to the unfinished (open) reassessment by selecting the hand icon in the Case Items section on the Participant Case Summary screen.

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.
- **InterRAI HC Assessment:** Select the hand icon 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 'Save' 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, 'Save' must be selected at the bottom of the associated updated page to store the updated information.

Completing the Reassessment Continued:

NOTE: A disease diagnosis is required on Section I 'Disease Diagnosis.' At least one diagnosis needs to be selected as the Primary diagnosis. If none of the diagnoses listed within Question 1 are applicable, Question 2 must be completed. Select the search icon within the Other Disease Diagnoses chart.

2. OTHER DISEASE DIAGNOSES

Diagnosis	DiseaseCode	ICDCode	
1	0. Not present		  

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

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.

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 completed the home visit and the qualified individual completing the data entry must be documented.

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.'

SECTION T. ASSESSMENT INFORMATION

A B C D E F G H I J K L M N O P Q R S T

1. SIGNATURE OF PERSON COORDINATING / COMPLETING THE ASSESSMENT
 T1 is required.

2. Date assessment signed as complete—Year Month Day - YYYY-MM-DD format
 Invalid

 Date cannot be in the future or more than 6 months in the past.

© interRAI 1994, 1996, 1997, 1999, 2002, 2005, 2006 (09) 

Date cannot be in the future or more than 6 months in the past.

Message from webpage

 - T1 is required.
- Invalid format.
- Date cannot be in the future or more than 6 months in the past.

OK

Completing the Reassessment Continued:

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 assessor shall contact the [DSDS Provider Reassessor 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 Planning

'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.

The screenshot shows a software interface for 'Care Plan Services'. At the top, there is a blue header bar with the text 'Care Plan Services'. Below this, there is a large white area with a blue border. In the top right corner of this area, there is a dropdown menu labeled 'Priority Risk:' with a red circle around it and a red arrow pointing to it. Below the dropdown menu, there is a message that says 'No Records Found.' In the bottom right corner of the white area, there is a checkbox with the text 'I certify that I have reviewed the Home and Community Based Services Care Plan with the participant. The required participant signature is on file with the assessor's agency.' At the bottom center of the white area, there is a button labeled 'Services Selection Complete'.

Completing the Reassessment Continued:

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

The image shows two screenshots of a software interface. The top screenshot is titled 'Requested Service Line Item' and contains the following fields: 'Service Type' (a dropdown menu), 'Funding Code' (a dropdown menu), 'Effective Date' (a date field with '3/6/2017' and a calendar icon), 'End Date' (a date field with '2/28/2018' and a calendar icon), 'Provider' (a text field), 'Total Units/Month' (a text field), and 'Service Delivery Comment' (a large text area). The bottom screenshot is titled 'Task Detail Line Item' and contains: 'Service Tasks' (a dropdown menu), '# Days/Week' (a text field), and '# Days/Month' (a text field). At the bottom of the second screenshot, it says 'No Tasks Found.' Both screenshots have a blue header bar and a blue footer bar with two circular icons.

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. DSIDS 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.

Completing the Reassessment Continued:

NOTE: RCF/ALF authorizations in a pending status display the Total Units/Month value based on a 31 day month. When hovering over an authorization for these services, a tool tip displays 'Based on a 31 day month.'

- Service Delivery Comment: Used 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. 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 the save icon to save each task and associated unit/frequency entry.
- As tasks and suggested 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 the search icon. Do not utilize the provider ID to complete a search.
- Select the chosen provider from the displayed list by selecting the search icon. The chosen provider auto populates in the Provider field above.

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

Close the Requested Service Line Item box.

Completing the Reassessment Continued:

To add multiple services:

- Select the plus 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.

Care Plan Services

Priority Risk: 2 - Medium

Line #	Edit/View	Delete	Service Type	Funding Code	Effective Date	End Date	Provider	Total Units/Month
1			Personal Care – Agency Model (15-min. unit)	MD	03/06/2017	02/28/2018		90

I certify that I have reviewed the Home and Community Based Services Care Plan with the participant. The required participant signature is on file with the assessor's agency.

Services Selection Complete

NOTE: Provider reassessors shall add all requested services into the care plan prior to submission to DSDS. For guidance related to the entry of specific services, see the corresponding chapter of the [HCBS Manual](#). Please pay close attention to the guidelines outlined in the HCBS manual for the following services:

- Authorized Nurse Visits/General Health Evaluations (Policy 3.15)
- Transportation (Policy 3.25)

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 on the appropriate forms including the Participant Choice Statement and the HCBS Assessment Attestation forms.

- Check the 'I certify...' box upon completion of the required participant signatures.
- Select 'Services Selection Complete' to complete the requested (pending) care plan on the Assessment screen,
- 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.

Care Plan Services

Priority Risk: 2 - Medium

Line #	Edit/View	Delete	Service Type	Funding Code	Effective Date	End Date	Provider	Total Units/Month
1			Personal Care – Agency Model (15-min. unit)	MD	03/06/2017	02/28/2018		90

I certify that I have reviewed the Home and Community Based Services Care Plan with the participant. The required participant signature is on file with the assessor's agency.

Services Selection Complete

Completing the Reassessment Continued:

NOTE: RCF/ALF authorizations in a pending status display the Total Units/Month value based on a 31 day month. When hovering over an authorization for these services, a tool tip will display 'Based on a 31 day month.'

Although this completes the requested (pending) care plan at this time, it does **not** post (submit) the 'Prior Authorization - Care Plan Services.' DSDS maintains the responsibility to 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. Providers shall attach participant related documents and document all contacts related to the reassessment.

Navigation to the Case Activity screen can occur from either selecting the 'Case Activity' button on the Participant Case Summary screen, in the associated case line or by selecting the link to the Case Activity screen at the bottom of the Assessment screen.

Attachments:

To attach participant specific documents that are *relevant* to the case including the Participant Choice Statement, the HCBS Assessment Attestation 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. Documents inadvertently attached to the incorrect participant record must be deleted by DSDS. Contact the appropriate Person-Centered Care Planning (PCCP) Team to request the attachment deletion.

When paper copies of the InterRAI HC or the Services Worksheets are used to gather reassessment data during times of no internet connectivity, the data shall be entered from the paper copies to the HCBS Web Tool by the assessor. These documents shall not be stored in the Attachments section.

Case Notes:

Case notes shall be utilized to thoroughly document **all participant related** reassessment actions/contacts. See policy 4.30 in the [HCBS Policy Manual](#) and the [Case Note Checklist](#) to ensure thorough documentation.

To add a new case note:

- Select the plus icon 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 2500 characters.
- Enter objective, factual participant specific information. Thoroughly proofread the entered information. At the conclusion, the user shall enter their name and provider agency for identification.
- 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 contact the DSDS hotline when a provider employee has become aware of a situation involving abuse, neglect or exploitation of a participant.
 - Selecting a priority of Y does not create an automatic message to DSDS staff so notification to DSDS is required.
- In cases where the text exceeds 2500 characters, select the plus icon 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 PCCP team for any necessary corrections or deletions to a previously saved note.

Resources

Websites and Guides

- [HCBS Web Tool Website](#)
- [Web Tool Instructional Guide](#)
- [Web Tool Icon Guide](#)
- [Web Tool Settings Guide](#)
- [HCBS Policy Manual](#)
- [CyberAccess Log In Page](#)
- [Case Note Documentation Checklist](#)
- [HCBS Provider Reassessment Website](#)

Need help with Web Tool?
Email the support team at HCBS.Systems@health.mo.gov



Bureau of Systems
and Data Reporting