# Missouri Health Strategic Architectures and Information Cooperative

# **(MOHSAIC)**

## Participant Management Guide

## Table of Contents

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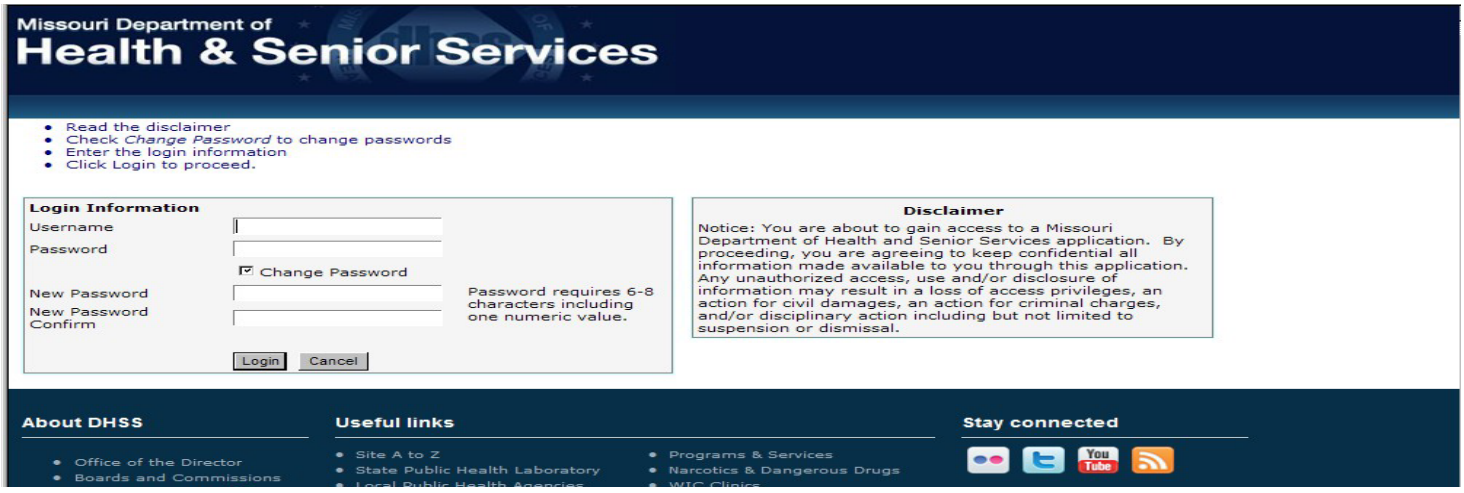
Some screen shots used throughout the guide are reflections of available options; screens may appear differently when specific information is displayed concerning a specific party.

## MOHSAIC Web Application Login

| | |
|---|---|
| **NAME (USER ID)** | First five (5) letters of the last name and the first initial of the user's first name |
| **PASSWORD** | • Six (6) to eight (8) alpha characters and contains at least one (1) numeric.<br>✓ Best practice is alpha then numeric order vs. numeric first; the system reacts better.<br>• Password cannot be the same one that was used previously unless it is altered by at least one digit.<br>• Users are required to change password every forty-five days.<br>• If you don't use the system, you lose access to the system. User must log in at least once a month. (If user loses access, contact SHCN to re-activate a user.) |
| **NEW PASSWORD** | The system will automatically prompt a user to change password, approximately every forty-five (45) days. |
| **NEW PASSWORD CONFIRM** | The system will automatically require you to enter the new password again, for verification. |
| **CHANGE PASSWORD FIELD** | A user can change a password at any time by selecting this field and completing the entry for a new password. |
| **CANCEL BUTTON** | Closes the application. |



## MOHSAIC Web (Service Coordination) Application URL

A link to the MOHSAIC Web application is posted on the Training Resource webpage or a user should type either of the following URL addresses in the URL field of the Internet Browser window:

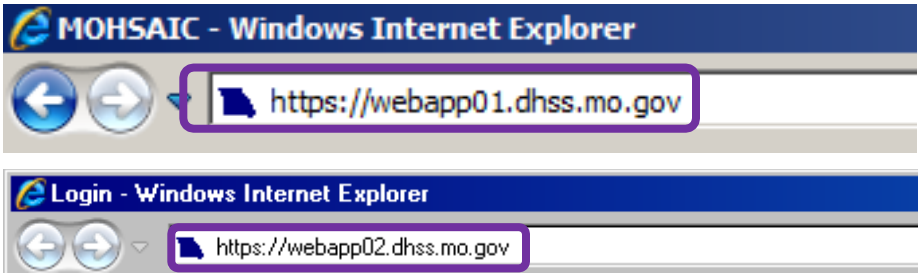
https://webapp01.dhss.mo.gov/mohsaic

https://webapp02.dhss.mo.gov/mohsaic

The URL should be saved as a 'shortcut to the desktop or as a 'favorite'.

Both URLs access the server (equipment) that provides access to the MOHSAIC Service Coordination application for SHCN users.

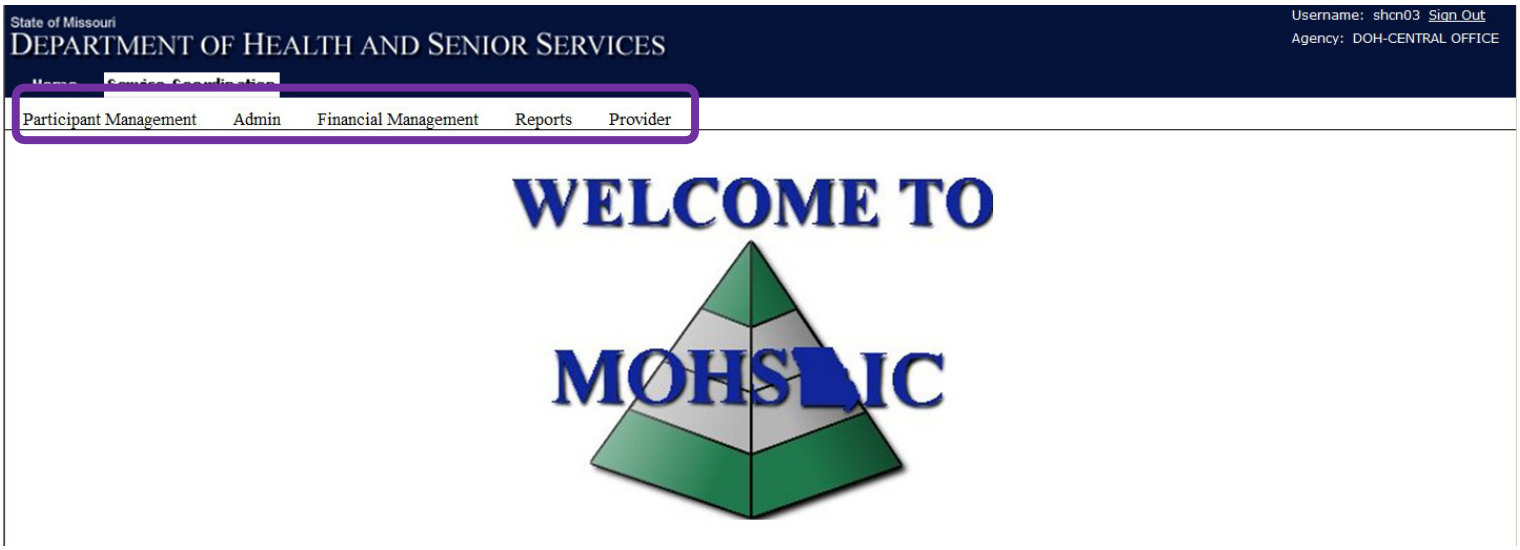
- There is one additional server (webapp03), SHCN users may be directed to by ITSD staff but if you experience difficulties redirect to webapp01 or webapp02. If issues persist, contact SHCN Central Office staff.




Select the Service Coordination link to display submenu links.

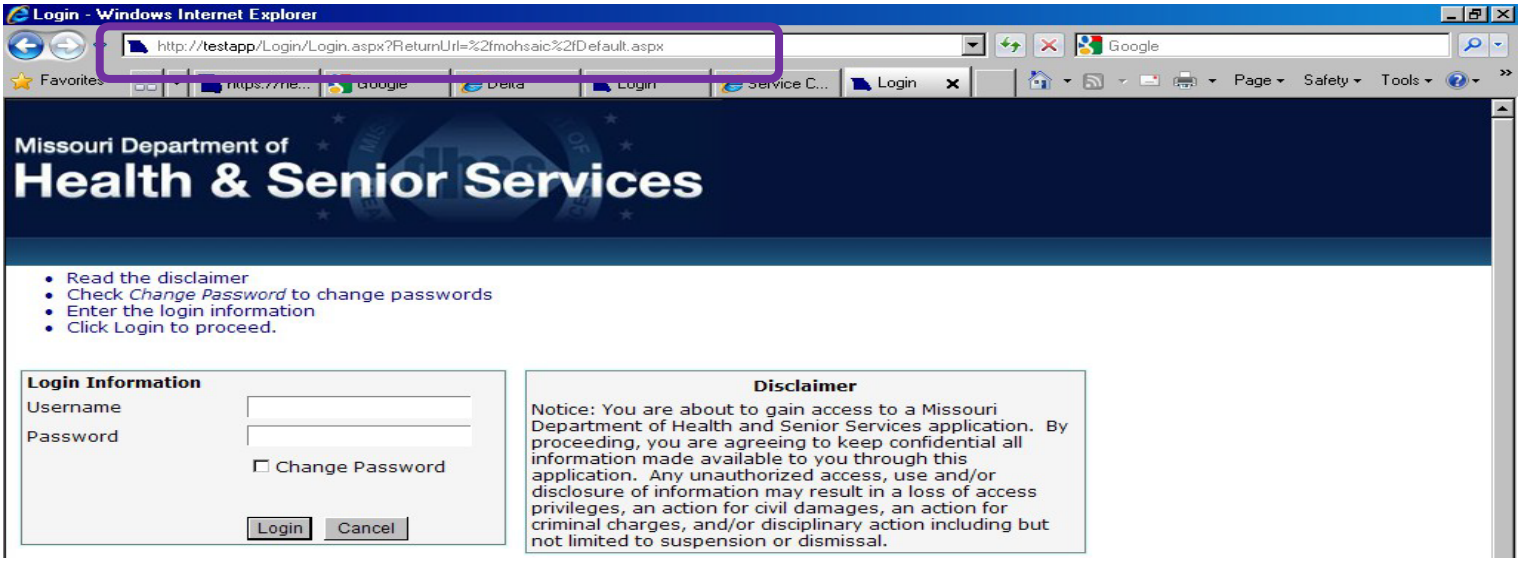

Select the Participant Management link to access the MOHSAIC Tree. Other links accessible are:

- ADMIN link to access ICD9 Lookup and ICD10 Lookup window, HCPCS/CPT Lookup window, etc.
- Financial Management link to access information about CYSHCN Paid Service and ABI Paid Service claim and warrant information.
- Reports link (coming in 2012)
- Provider link to access information about CYSHCN or ABI providers.



## MOHSAIC WEB (SERVICE COORDINATION) APPLICATION URL FOR TESTING

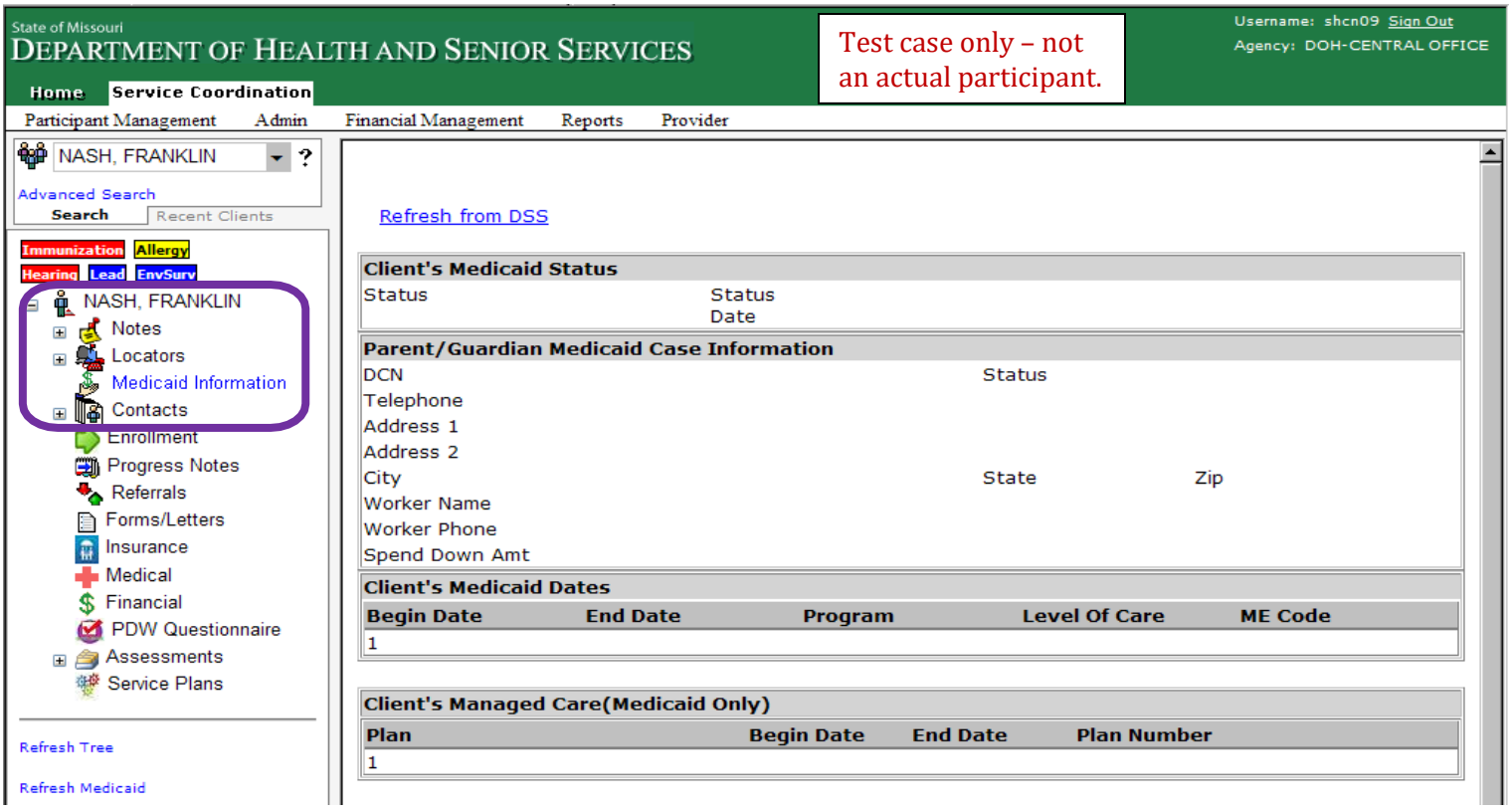
The MOHSAIC Web TEST application can be accessed when a ser types http://testapp/mohsaic/ in the URL address field of the Internet Browser window. Users should contact SHCN Central Office for password information. The screen looks exactly the same as the 'real' version (referred to a 'production' by ITSD).




## PARTICIPANT MANAGEMENT SUB-MENU

### Common Components

MOHSIAC Web is still a shared data system. The Common Components Unit in ITSD (CCIT) retains 'ownership' of the 'tree' and those 'common' areas not specific to SHCN can't be governed by SHCN, i.e., basic demographics, notes, locators, MO HealthNet (Medicaid) information, contacts. Those areas are areas SHCN uses but does not control in terms of 'change'.

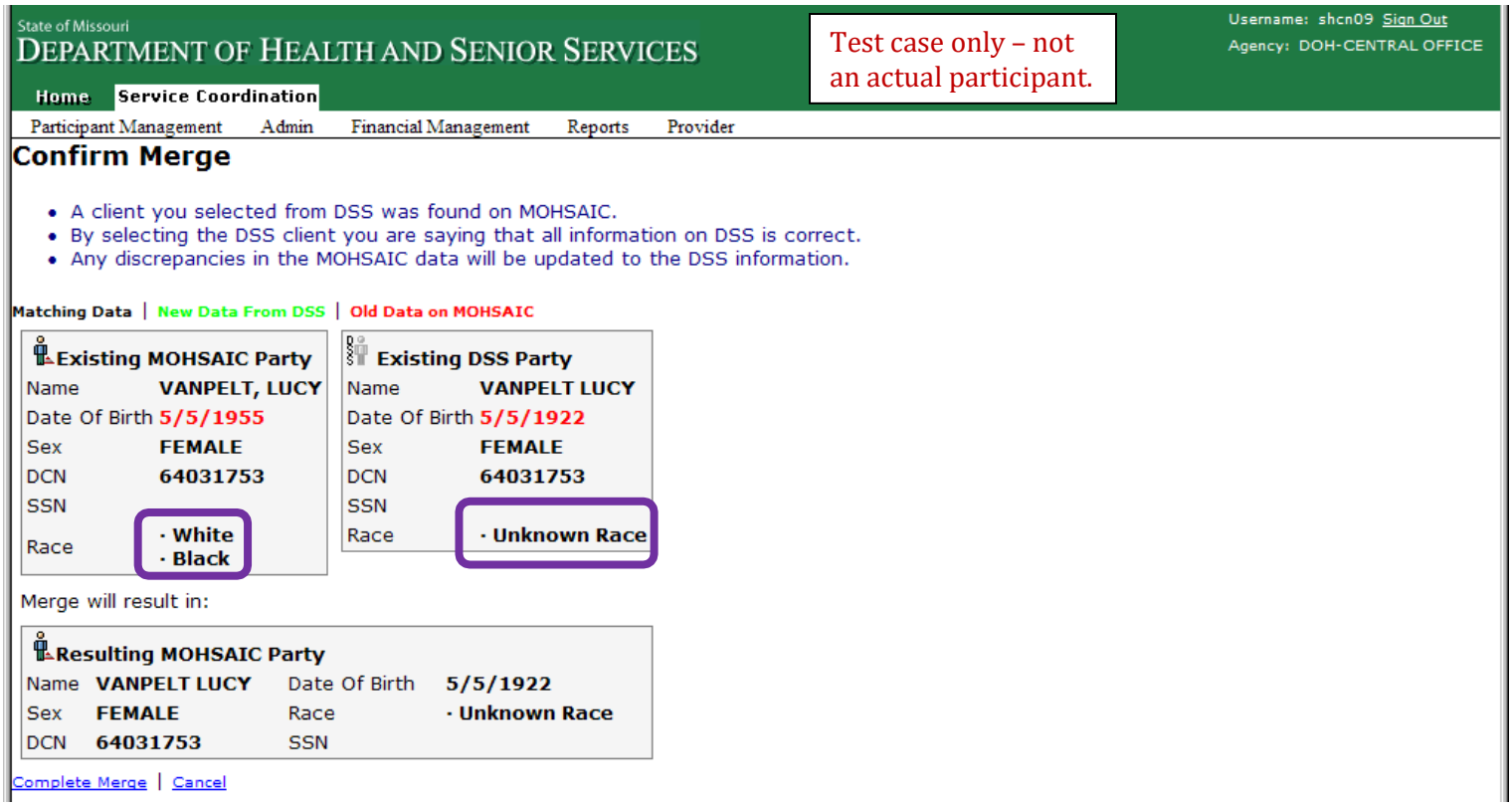


## Confirm Merge

A Confirm Merge screen will display if the information DSS has on a party record is different from the information DHSS (MOHSAIC) has on a party record, i.e., name, race, etc. The screen function is to provide a user with an opportunity to change the MOHSAIC system entry to match the DSS system.

- If a suggested change is correct and a user agrees with the DSS results, select the Complete Merge link.
  - ✓ If there is any doubt that the suggested change is correct, then do not select the Complete Merge link.
- If a suggested change is not correct and a user does not agree with the DSS results, select the Cancel link. The party record from MOHSAIC will load, without changing the DSS party record.
- The Confirmation Merge screen will continue to load until the DHSS and DSS records match.
  - ✓ Example: **if a** user knows the Race **information entered in the MOHSAIC system is correct and accurate** (vs. the DSS system information) **do not select the Complete Merge link**.

(Only an Advanced Search screen may have an end result of a Confirm Merge, because a 'combo' search result is only a MOHSIAC system search. Theoretically, if the party exists in MOHSAIC the DSS search was already conducted for a DCN to be connected to a party. If the information displayed in the Confirm Merge screen is not what the MOHSAIC record should be changed to, select the Cancel link.)




## Email Notifications of Program Closures

The system will automatically issue email notifications to the associated Service Coordinator for all (including automated) program closures occur. The Program Manager will be notified if the associated Service Coordinator email notification fails.

- CYSHCN Service Coordinators, HCY Service Coordinators, and MFAW Service Coordinators must update service plan end dates to coincide with the program closure date and notify the provider.
- ABI Service Coordinators must contact the provider to modify the prior authorizations to coincide with the program closure.

## Entry Deletes

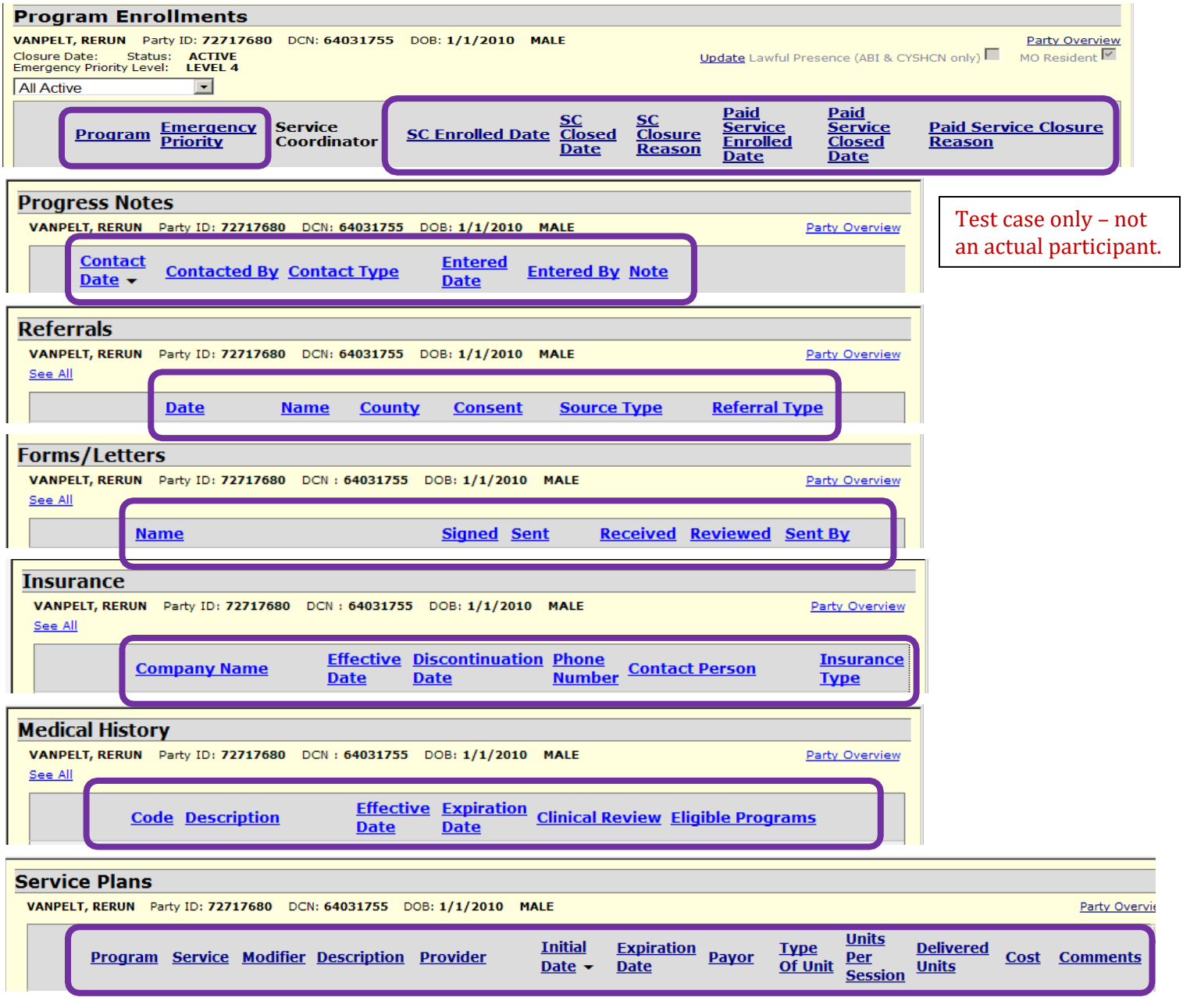
An author of entry on the Enrollment, Referrals, Forms/Letters, and Medical screens will be able to delete entry. The system will display a Delete link for a forty-eight (48) hour period. The first twenty-four (24) hour period is midnight to midnight on the day the entry is created. The second twenty-four (24) hour period is midnight to midnight the day after the entry is created.

Example - Entry completed on the Tuesday, March 6, the Delete link will display on March 6 from midnight to midnight. The Delete link will continue to be displayed on Wednesday, March 7 from midnight to midnight. The Delete link will disappear a second after midnight on Thursday, March 8.

If the entry is not deleted within this timeframe the entry cannot be deleted by the author. Training Coordinators or Program Managers must be contacted for deletions after this timeframe.

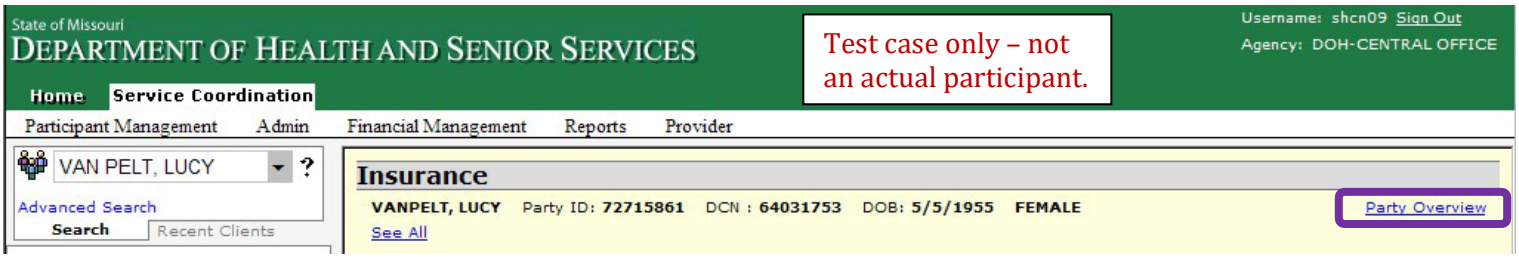
## Header Row

Select any title (in blue font) in the header of a screen and the screen will be sorted (ascending or descending) by the selected header. The Header Row sort function is available on all screens, except Financial, MFAW Questionnaire and Assessments.



## Party Overview Link

The Party Overview link is available on most Participant Management screens. The Party Overview link is located on the upper right-hand corner of the medical, insurance, enrollment, service plans, and MO HealthNet information screens.

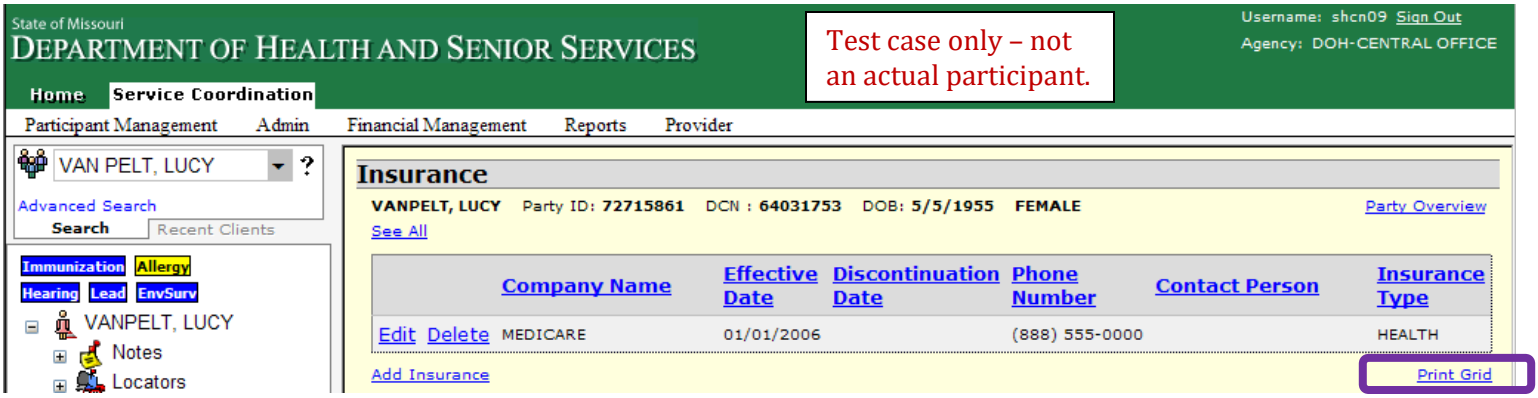



## Party Overview Link

The Party Overview link will allow a user to have a broad view of a party in one screen.

## Print Grid Link

A Print Grid link is available on most Participant Management screens; it allows all the screen information to be previewed and printed.




## Print Grid Link View

A Print Grid link will display the summary page in a PDF format; here are two (2) examples:

- Print Grid link for Form/Letters screen.

Run Date: 11/18/2011

VANPELT, RERUN Party ID: 72717680 DCN: 64031755 DOB: 1/1/2010 MALE

| Name | Signed | Sent | Received | Sent By |
|---|---|---|---|---|
| CC-1 ENROLLMENT INFORMATION | YES | 10/01/2011 | 10/01/2011 | TEST, SHCN NINE |
| ACKNOWLEDGEMENT/NOTICE OF PRIVACY POLICIES | YES | 08/01/2011 | 08/31/2011 | TEST, SHCN NINE |
| (HIPAA)AUTHORIZATION FOR DISCLOSURE OF CONSUMER/MED/HEALTH INFO | YES | 07/01/2011 | 07/01/2011 | TEST, SHCN NINE |
| CC-1 ENROLLMENT INFORMATION | YES | 07/01/2011 | 07/01/2011 | TEST, SHCN NINE |
| HOME VISIT LETTER | NO | 06/30/2011 | | TEST, SHCN NINE |
| CYSHCN SCREENER FORM | NO | 06/15/2011 | | TEST, SHCN NINE |
| APPLICATION ENROLLMENT LETTER | YES | 06/15/2011 | 06/30/2011 | TEST, SHCN NINE |

- Print Grid link for Progress Notes.

Progress Notes Report

Run Date: 11/17/2011

VANPELT, RERUN Party ID: 72717680 DCN: 64031755 DOB: 1/1/2010 MALE

| Contact Date | Contacted By | Contact Type | Entered Date | Entered By |
|---|---|---|---|---|
| 10/28/2011 12:55:00 AM | TEST, SHCN NINE | SHCN RECORD MANAGEMENT | 10/28/2011 12:56:25 PM | TEST, SHCN NINE |
| Notes: FILLER TO TEST | | | | |
| 11/15/2011 9:19:00 AM | BONILLA, DENISE | SHCN PARTICIPANT CONTACT | 11/17/2011 3:23:47 PM | TEST, SC ONE |
| Notes: THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH<br>THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH<br>THE ANTS GO MARCHING ONE BY ONE<br>THE LITTLE ONE STOPS TO SUCK HIS THUMB<br>AND THEY ALL GO MARCHING DOWN TO THE GROUND<br>TO GET OUT OF THE RAIN, BOOM! BOOM! BOOM! | | | | |
| 11/16/2011 3:23:00 PM | BROWN, KAY | SHCN PARTICIPANT VISIT | 11/17/2011 3:24:23 PM | TEST, SC ONE |
| Notes: THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH<br>THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH<br>THE ANTS GO MARCHING ONE BY ONE<br>THE LITTLE ONE STOPS TO SUCK HIS THUMB<br>AND THEY ALL GO MARCHING DOWN TO THE GROUND<br>TO GET OUT OF THE RAIN, BOOM! BOOM! BOOM!<br><br>THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH<br>THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH | | | | |
| 08/15/2011 3:24:00 PM | MCCLOUD, NANCY SUE | SHCN RECORD MANAGEMENT | 11/17/2011 3:26:53 PM | TEST, SC ONE |
| Notes: THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH<br>THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH<br>THE ANTS GO MARCHING ONE BY ONE<br>THE RAIN, BOOM! BOOM! BOOM! | | | | |
| 07/01/2011 1:28:00 PM | MCCLOUD, NANCY SUE | SHCN LAWFUL PRESENCE | 11/17/2011 3:28:39 PM | TEST, SC ONE |
| Notes: THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH<br>THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH | | | | |
| 10/29/2011 1:29:00 PM | BONILLA, DENISE | SHCN MO HEALTHNET | 11/17/2011 3:29:30 PM | TEST, SC ONE |
| Notes: THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH<br>THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH<br>THE ANTS GO MARCHING ONE BY ONE<br>THE LITTLE ONE STOPS TO SUCK HIS THUMB<br>AND THEY ALL GO MARCHING DOWN TO THE GROUND<br>TO GET OUT OF THE RAIN, BOOM! BOOM! BOOM! | | | | |

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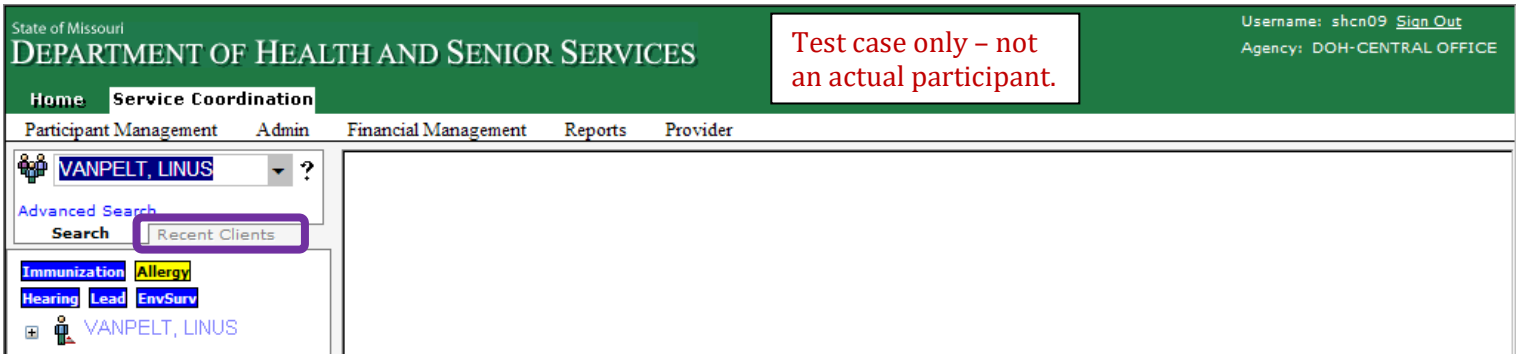
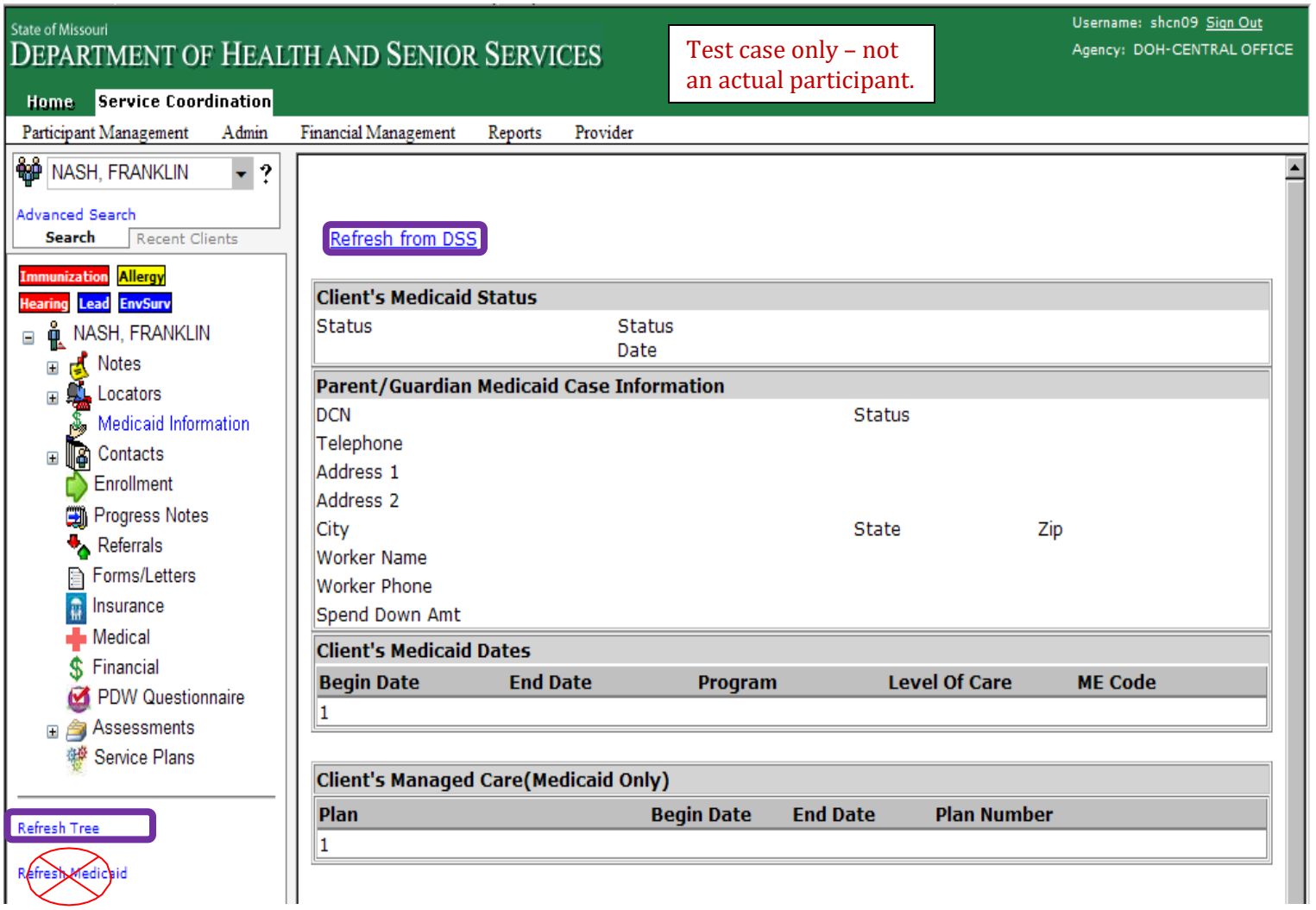
## Recent Clients

The Recent Clients link is not available to SHCN users.




## Refresh Links

- Refresh Tree link is used to reset the tree information displayed after corrections, i.e., service coordination assessment date correction.
- Refresh from DSS link at the top of the Medicaid Information (MO HealthNet) screen will update MHN data from DSS. (DO NOT use the Refresh Medicaid link from the Tree.)



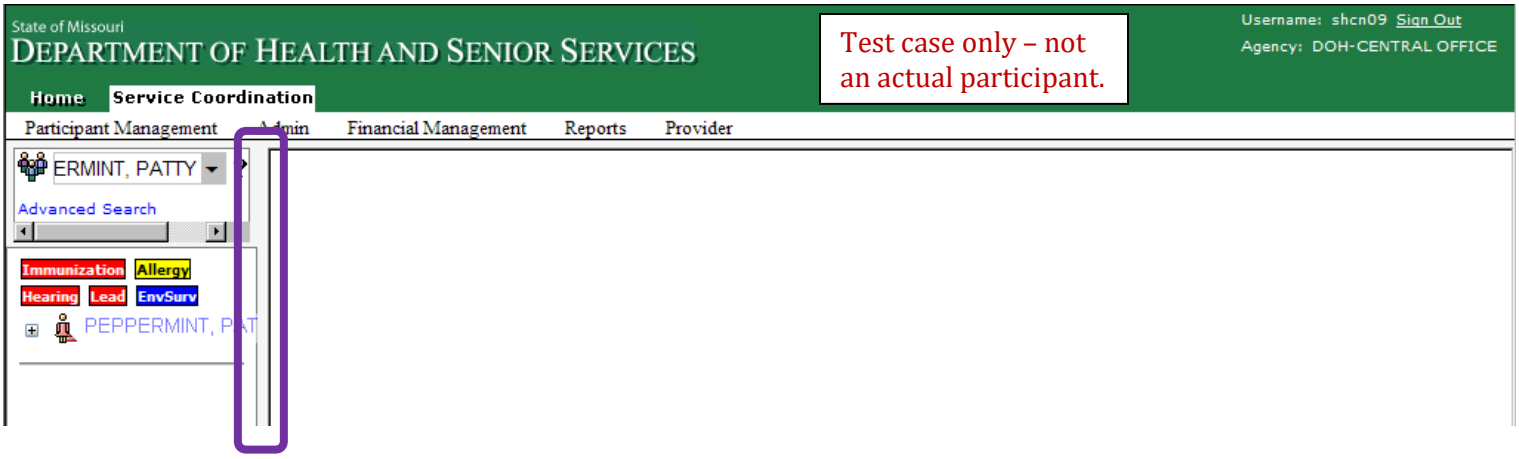
## Plus/Minus

The 'Tree' displays a plus (+) sign next to sections that will expand if selected. After a section expands, the symbol changes to a minus (-) sign.

If the party's name does not fully display in the allotted space (the name is too long to fully be displayed) enlarge the left side of the screen:

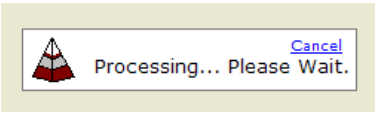
- Select the divider bar between the screens.
- Expand the left side (hold the left mouse key and drag to the right)

The plus (+) sign can now be selected to expand the 'Tree'.




## Processing...Please Wait

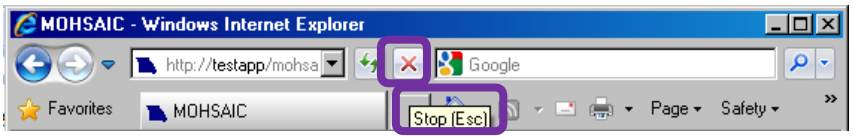
Most Participant Management screen functions will display a 'Processing... Please Wait' notice that includes a Cancel link to end a command.




## 'Stop' Function

After a command is given to the system there are two (2) options that can be used to end the command:

- Select the red X (Stop (Esc) link, next to the Address Bar of the Internet Window, to end a command.




## Screen Access

Participant Management screen access is limited until a Service Coordination enrollment is completed for any SHCN program. The following screens are accessible for entry prior to a Service Coordination enrollment:

- Enrollment screen
- Progress Notes
- Forms/Letters screen
- Assessment

After a Service Coordination enrollment is complete, the remaining Participant Management screens are accessible for any SHCN program, except for the Service Plan screen (See the Service Plans section of this guide).

After a Paid Service enrollment is completed, for any SHCN program, the Service Plan screen is accessible for any SHCN program.

## Screen Error Messages

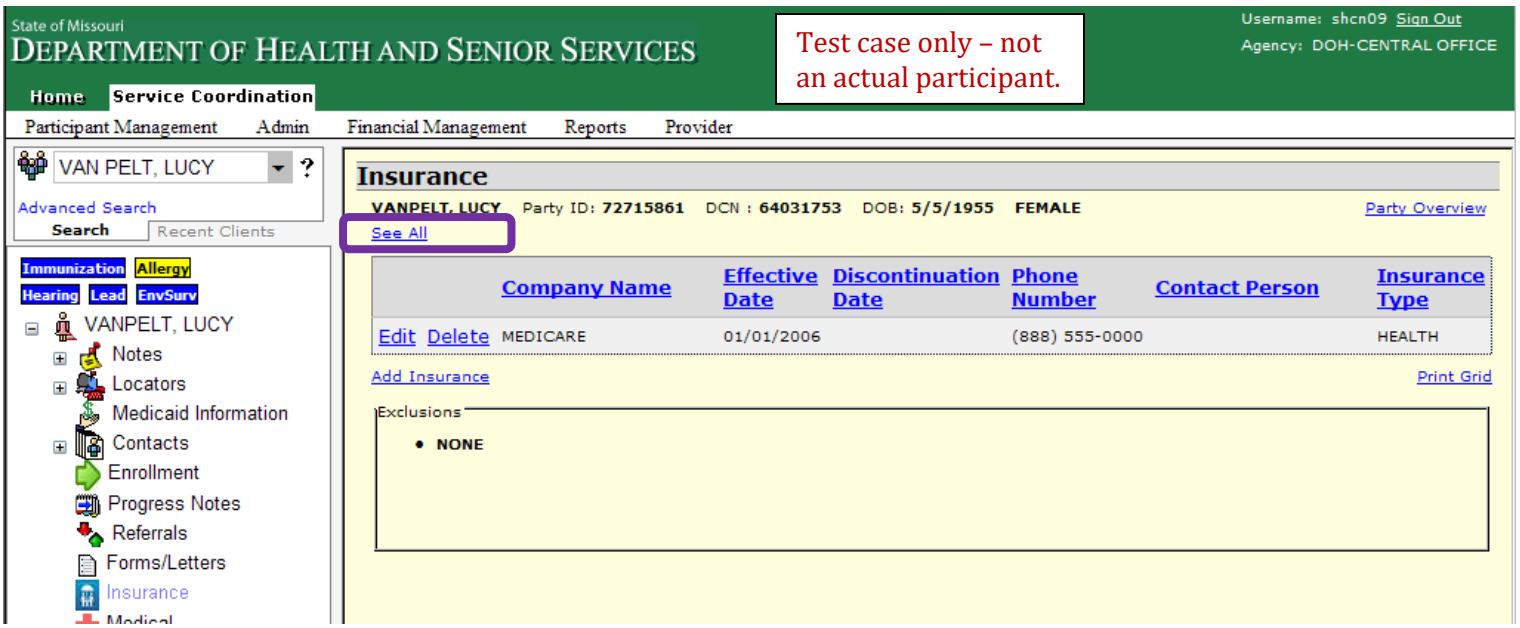
Add/edit screens will display error messages, in red font, that detail what is wrong or missing from the entry before the entry can be 'saved'. A user must fix the entry, before the system will allow the entry to be saved.

If a date field entry is in error, a red asterisk will display next to the date field. The date entry may be in error if the entry is not formatted appropriately, i.e., mm/dd/yyyy, or if the date is prior to the participant's date of birth.

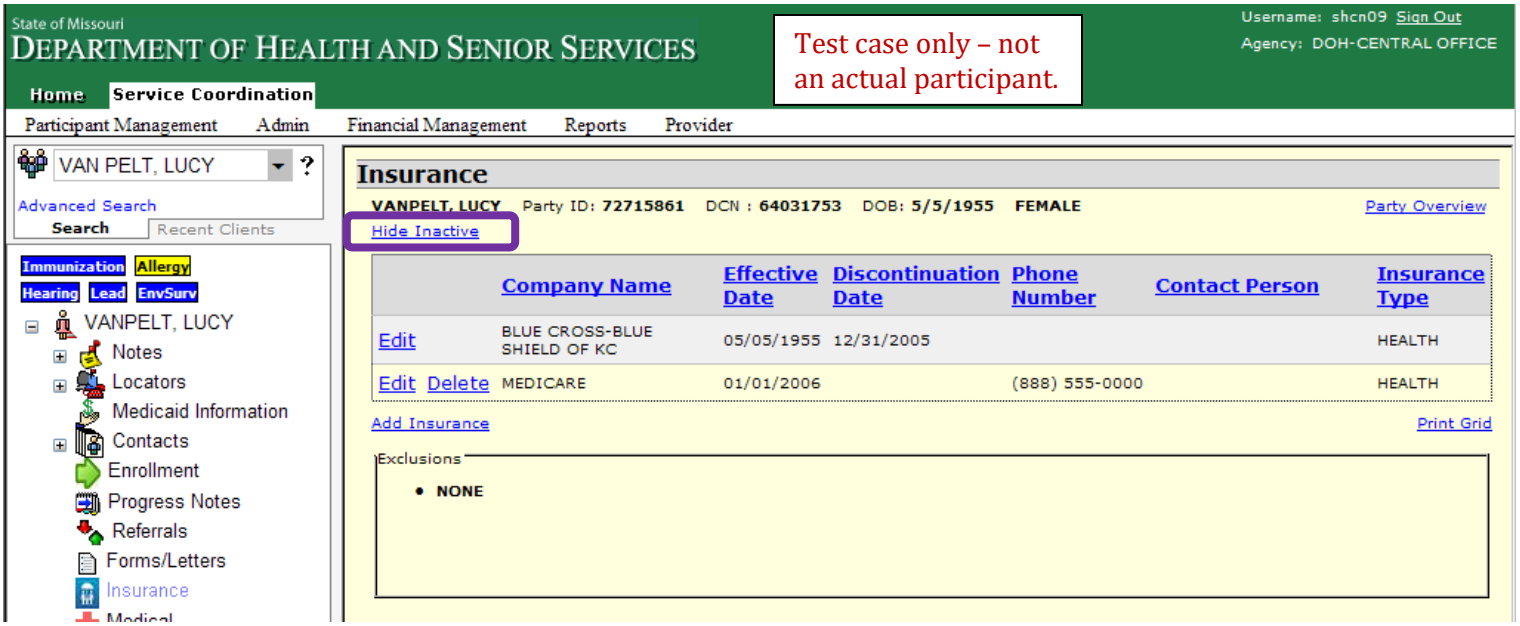
## See All/Hide Inactive Link

A See All/Hide Inactive link is available on most Participant Management screens and allows a user to view all the entries or to view only those entries that are active (approximately those with dates within the last eighteen (18) months).

- Select the See All link to view all entries; active and discontinued.




- Select the Hide Inactive to view active entries, only.



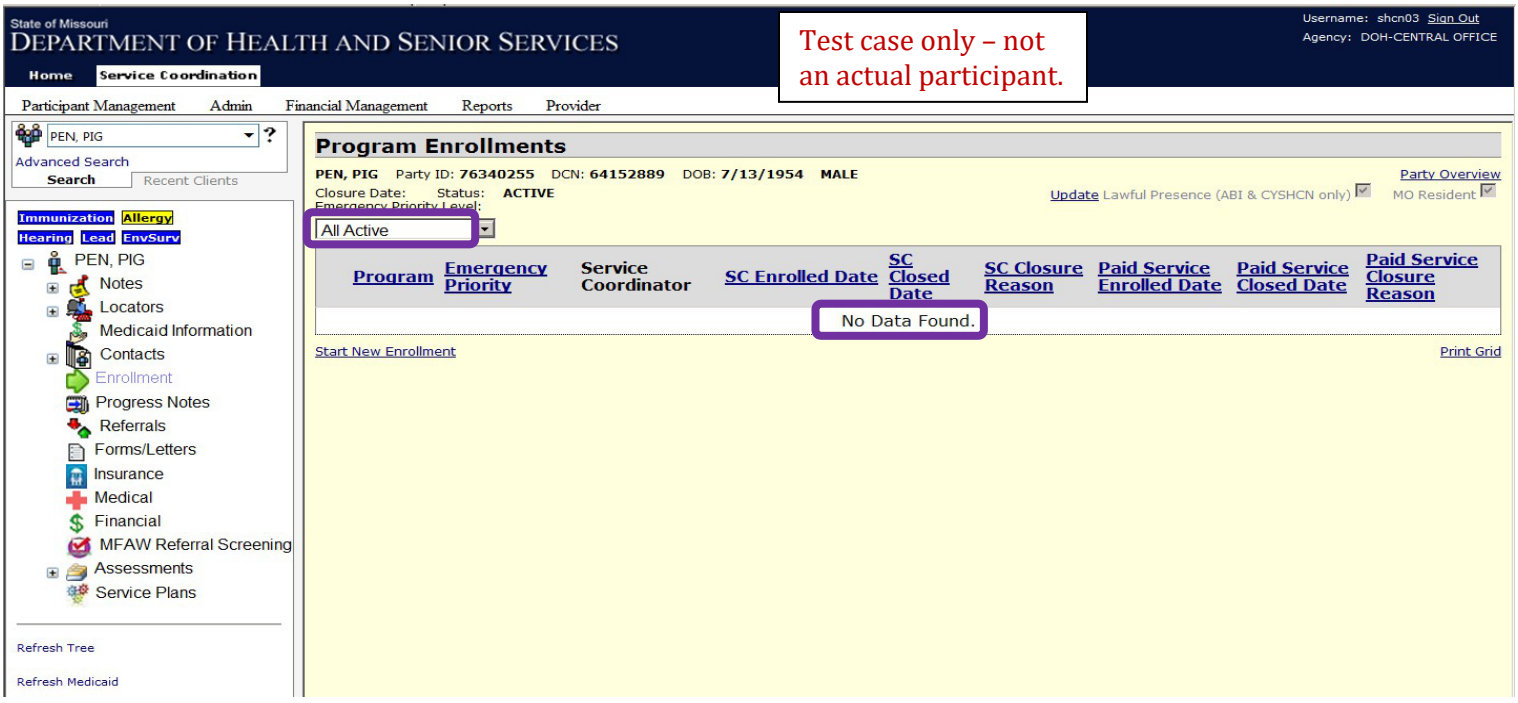
## Spell Check

There is no spell check functionality.

## Static Header - 'Status' field

The Status field on the static header of the Enrollment **SHOULD BE IGNORED**; it has no validity in terms of SHCN program enrollment. The field indicates the status of the party and their association to SHCN in the database.

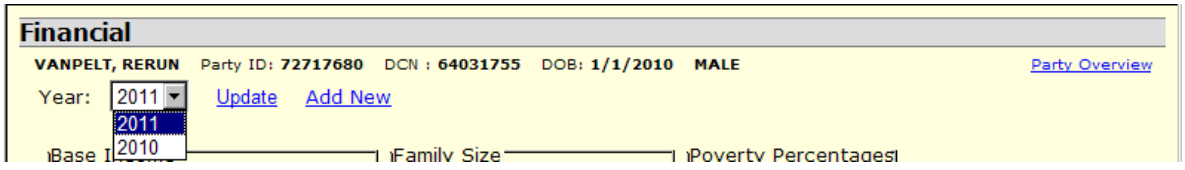
- The screen shot illustrates there is no active program enrollment (No Data Found), but the Status field states 'Active'.
- This occurs when a program enrollment is closed and entry was completed in the Enrollment screen, but a Progress Note entry was entered after the closure entry in the Enrollment screen.
- The completion of Progress Note entry after program closure will change the Status field from Inactive (when the closure entry was completed) to Active (because the Progress Note entry was completed after a program closure).

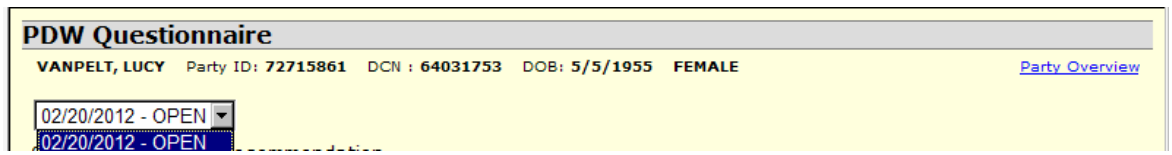



## View Prior History

The Financial and MFAW Questionnaire screens allow users to view prior history:

- Financial screen: select the Year field drop down arrow and select the year you wish to view.
- MFAW Questionnaire screen: select the program enrollment period drop down arrow and the enrollment period you wish to view.



## Search - Advanced Search Link

This search option conducts both a MOHSAIC system search and a DSS system search, simultaneously. Users should always verify search results are a match (name, date of birth, etc.) to the party being searched before making selections.

The system operates on the philosophy of 'less is more' and vice versa; the more information entered will narrow the search results displayed.

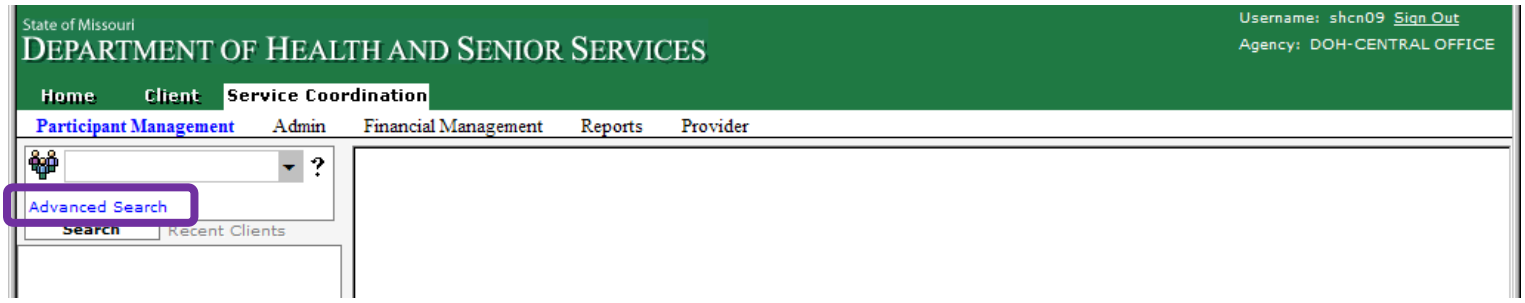
Example is Charlie Brown

- The name given by the party was Charlie, but the legal name is Charles.
- If a search using the first name field is entered as 'Charl', and both names exist in MOHSAIC or DSS, the system will return both records, i.e., Charlie Brown and Charles Brown.

**Registration of a party requires a search using last name, first name** (no middle initial/name), **date of birth, gender, ethnicity, and race** (ALL these fields, no exceptions, will result in comprehensive search results). Be specific and be exhaustive in searches to avoid duplication of party records.

Participants aged ninety (90) days or younger, **should not be assigned a DCN by SHCN staff**.

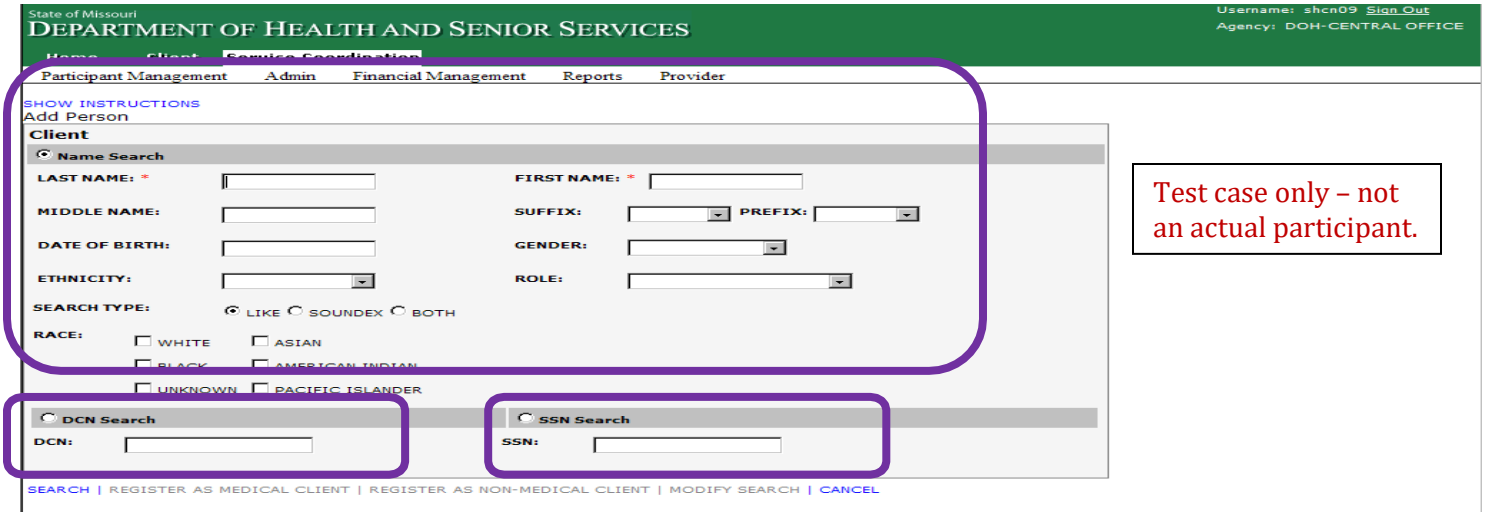
- If an Advanced Search does not display a DCN continue to conduct an Advanced Search until a DCN is assigned or the participant is over the age of ninety (90) days.
- The MOHSAIC system implemented this rule to allow for the completion of DCN assignments (the DHSS Vital Records/DSS process).
- When a DCN is not available (within the fourteen (14) day MOHSIC program enrollment timeframe) CO staff will complete a Service Coordination enrollment when a DCN is located.



## Search - Advanced Search Link (continued)

There are three (3) Advanced search options, and one 'radio' button must be selected to tell the system how to conduct the requested search.

## Search - Advanced Search Link – Name Search

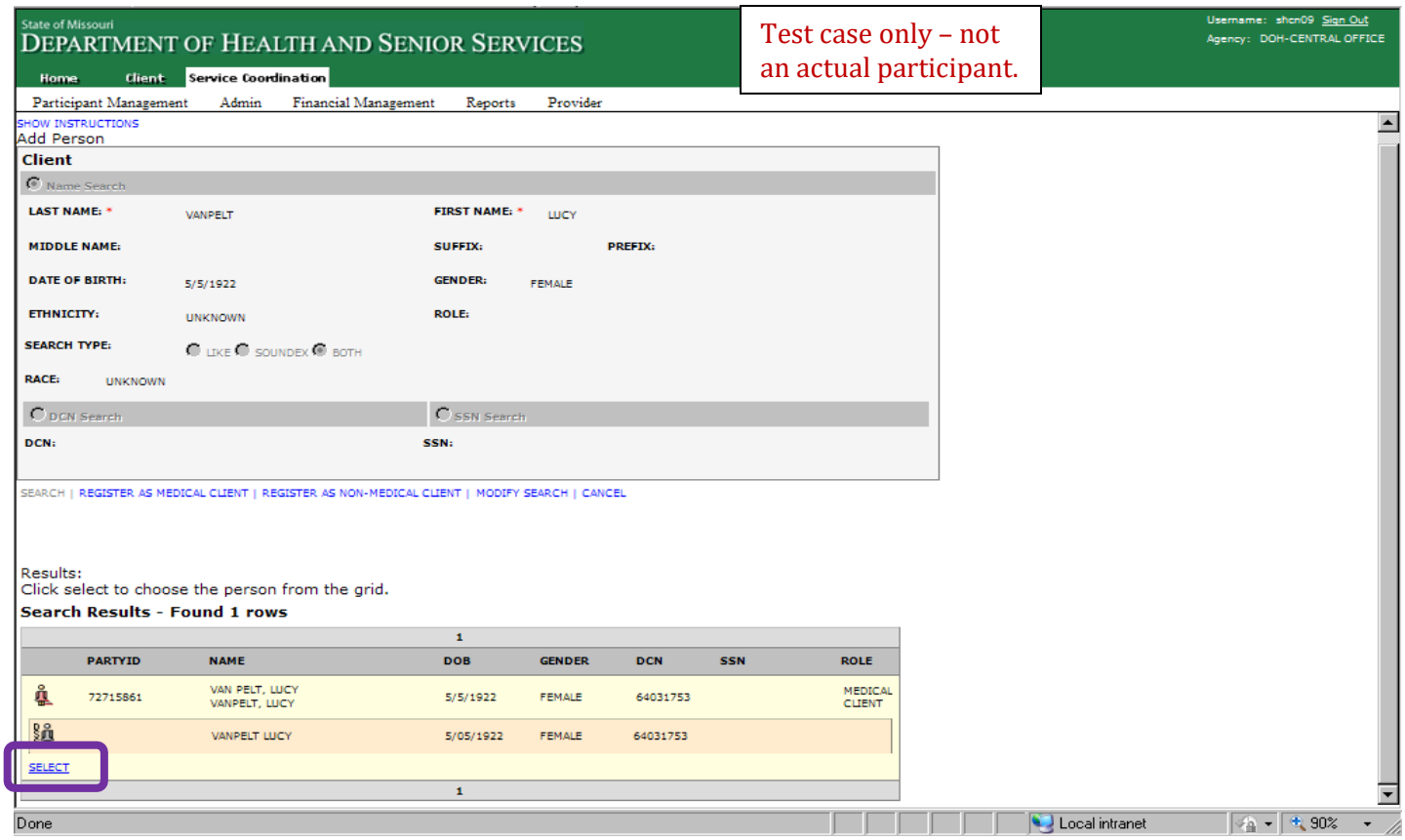



Test case only – not an actual participant.

- **Last Name** – required field; less = more (the least amount of entry returns more results)
- **First Name** – required field; less = more (the least amount of entry returns more results)
- Middle Name - **never** entered; field entry will void the search results.
- Suffix – optional field
- Prefix – optional field
- **Date of Birth** – required field
- **Gender** – required field
- **Ethnicity** – required field
- **Role** – required field
- **Search type** – required field
  - ✓ Like – exactly as criteria is typed
  - ✓ Soundex – searches as criteria would be pronounced
  - ✓ **Both** – exactly as typed and by pronunciation
- **Race** – required field
- DCN (Department Client Number) Search Option:
  - ✓ Enter the parties eight (8) digit DCN.
- SSN (Social Security Number) Search Option:
- Enter the parties nine (9) digit SSN.

## Search - Advanced Search Link – Select Link

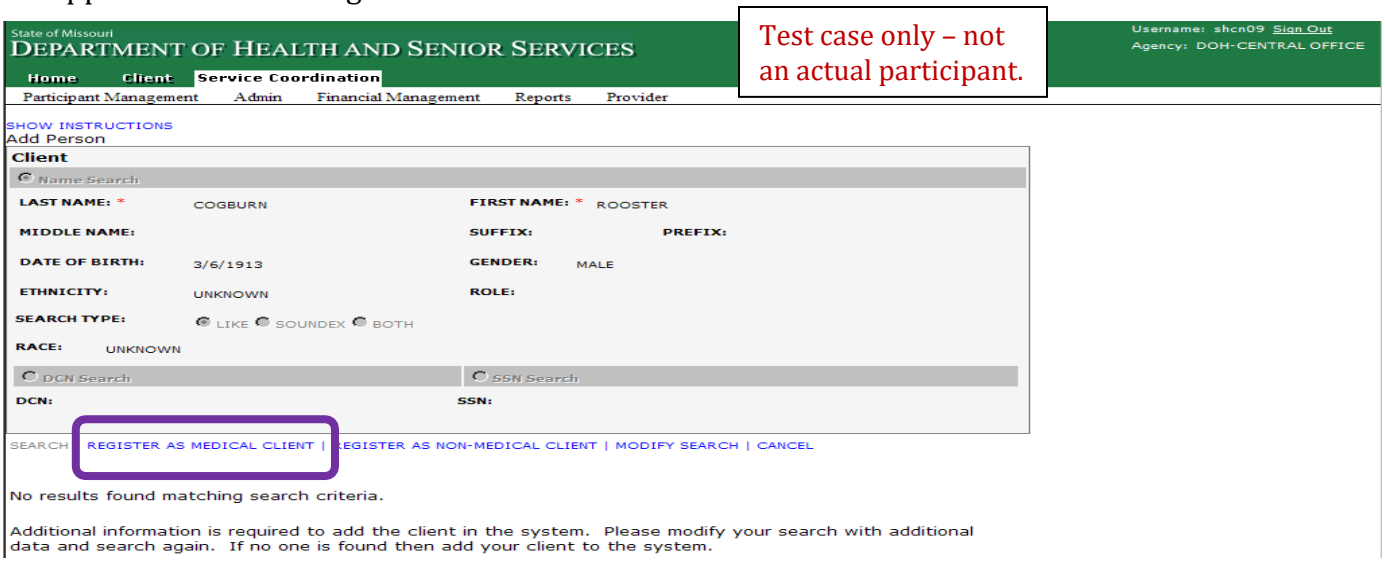
- If a Search result displays a record that matches (name, date of birth, etc.) the party, use the Select link under the record that matches the party. This will load the 'MOHSAIC medical client record' in the 'Tree'.




## Search - Advanced Search Link – Register as a Medical Client Link

If a record is **not** found that matches (name, date of birth, etc.), use the Register as a Medical Client link if the party is to become a SHCN participant. The Register as Non-Medical Client link will assign a DCN and create a 'MOHSAIC medical client record'.

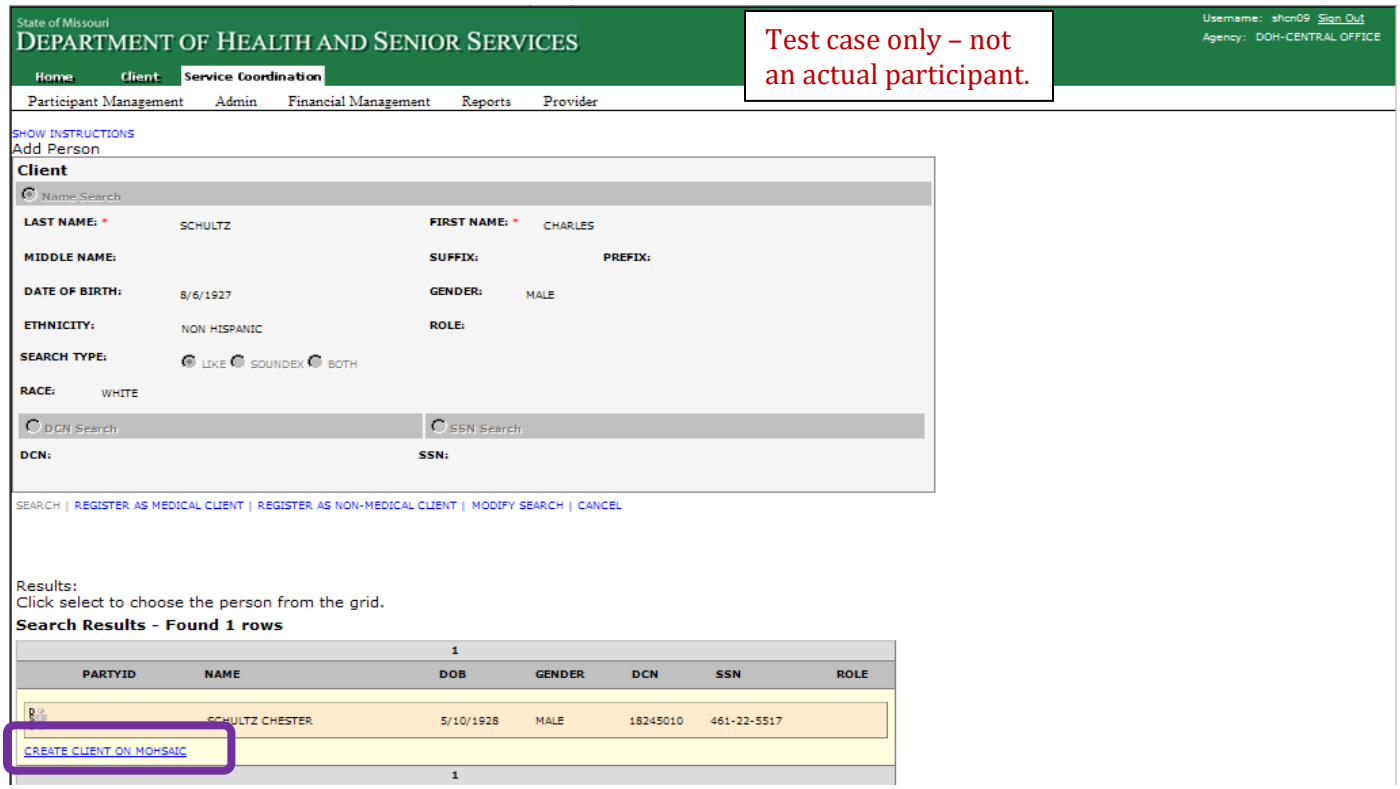
- **NOTE for newborn parties**, the Vital Record/Department of Social Service process of assigning a DCN can take up to ninety (90) days. Before an SHCN user assigns a DCN for a party the party should be at least ninety (90) days old. CYSHCN Contract Staff must contact the CYSHCN Program Manager to obtain approval for DCN assignment.



## Search - Advanced Search Link – Create Client on MOHSAIC Link

Use the Create Client on MOHSAIC link if a record is found that matches (name, date of birth, etc.) a DSS record.

- This link will use the DSS DCN and create a MOHSAIC medical client record or load an existing MOHSAIC medical client record (it will not cause a duplicate DCN situation).




## Search - Advanced Search Link – Register as Non-Medical Client Link

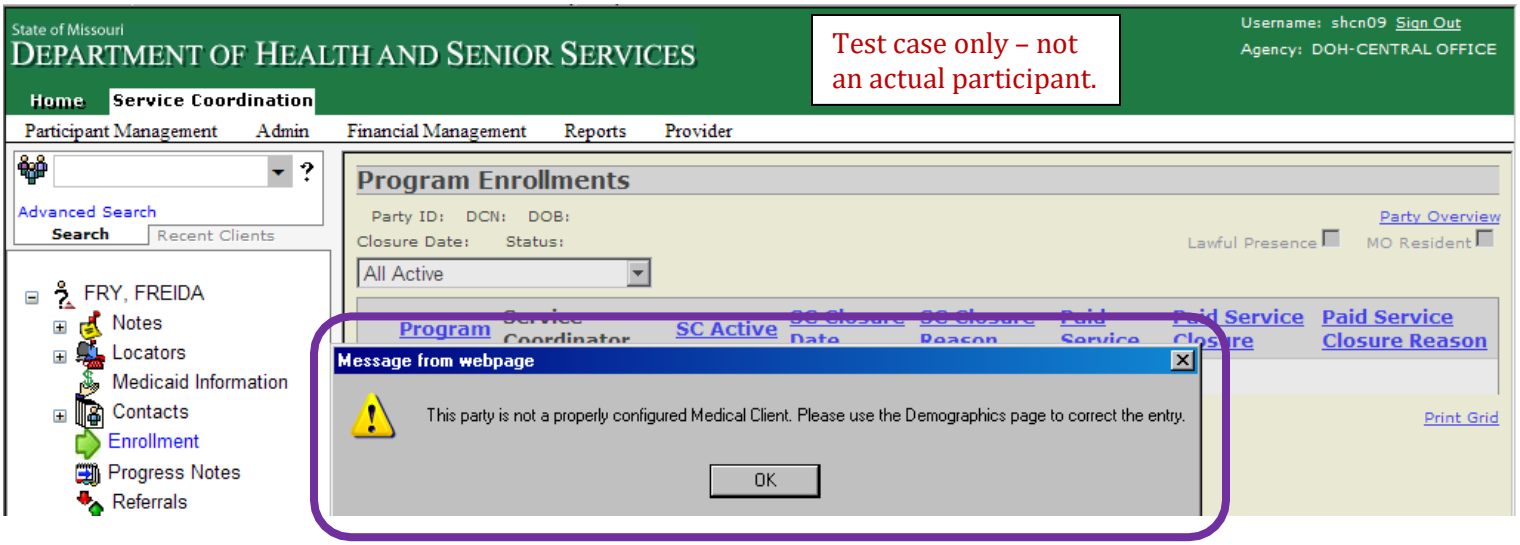
- If no search result is found that matches the party search (name, date of birth, etc.), use the Register as Non-Medical Client link. This link will create a MOHSAIC record, without assigning a DCN.
- A Non-Medical Client record signifies a Responsible Party or Alternate Contact record.
- **Be careful not to make any entry in Participant Management screens while in a Responsible Party or Alternate Contact record**, i.e., Enrollment, Progress Notes, Referrals, Forms/Letters, Insurance, Medical, Financial, Questionnaire, Assessments, or Service Plans. Again, entry into any Participant Management screen will cause the system to create a medical client record.

## Register as Non-Medical Client Link – Participant Record without a DCN

If a party search did not contain all search requirements (name, date of birth, gender, ethnicity, and race) a record is created without a DCN. If a participant record is created without a DCN:

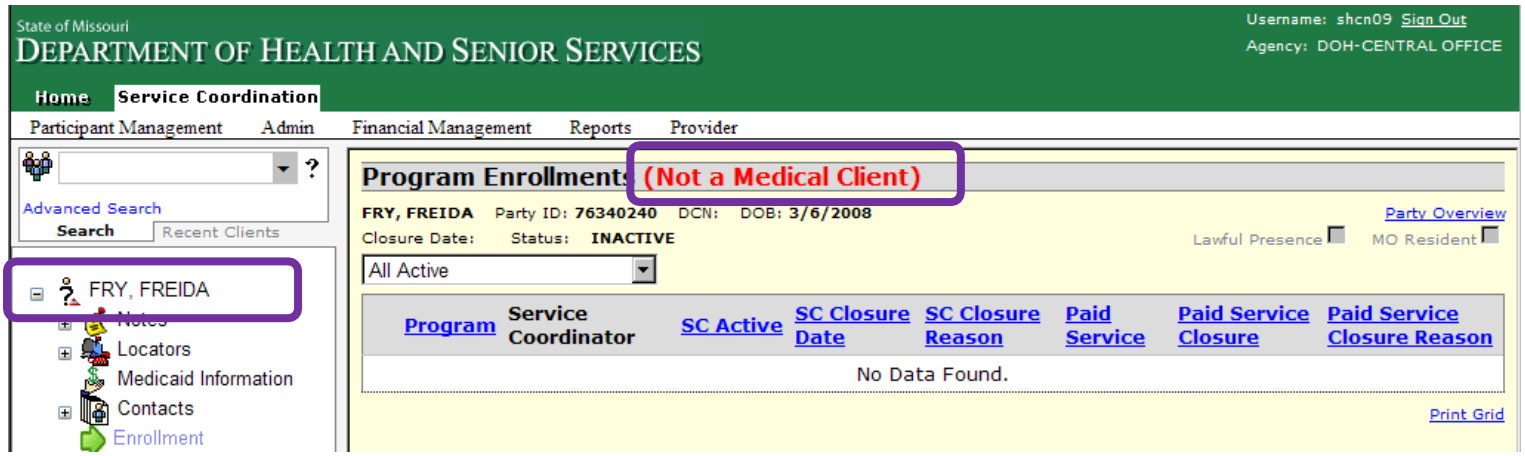
- A notice (Not a Medical Client) is displayed at the top of every Participant Management screen.
- The icon next to the participant's name is a '?' vs. the normal symbols (male/blue suit or female/pink dress).
- No entry is allowed in any Participant Management screen (except Assessment).

When a user attempts to access a Participant Management screen, the system will display a notice that explains the party record was not completed correctly.




## Not a Medical Client Participant Record

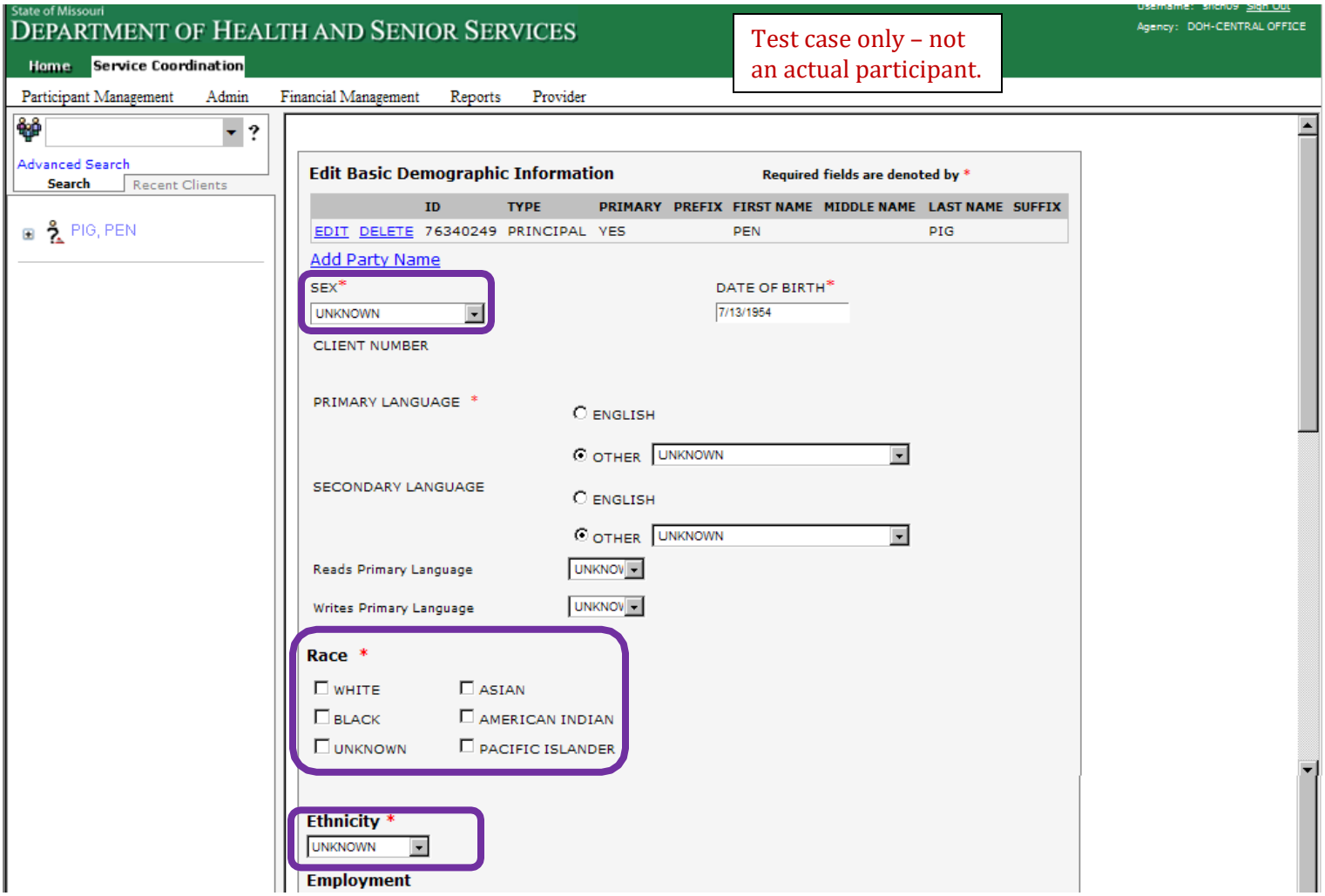
After a user selects the 'Ok' button, the Participant Management screen displays with the 'Not a Medical Client' notice and a user is unable to complete any entry on any Participant Management screens (except Assessment).



## Not a Medical Client Participant Record – Edit Basic Demographic Information screen

To obtain a DCN for this participant record, a user must:

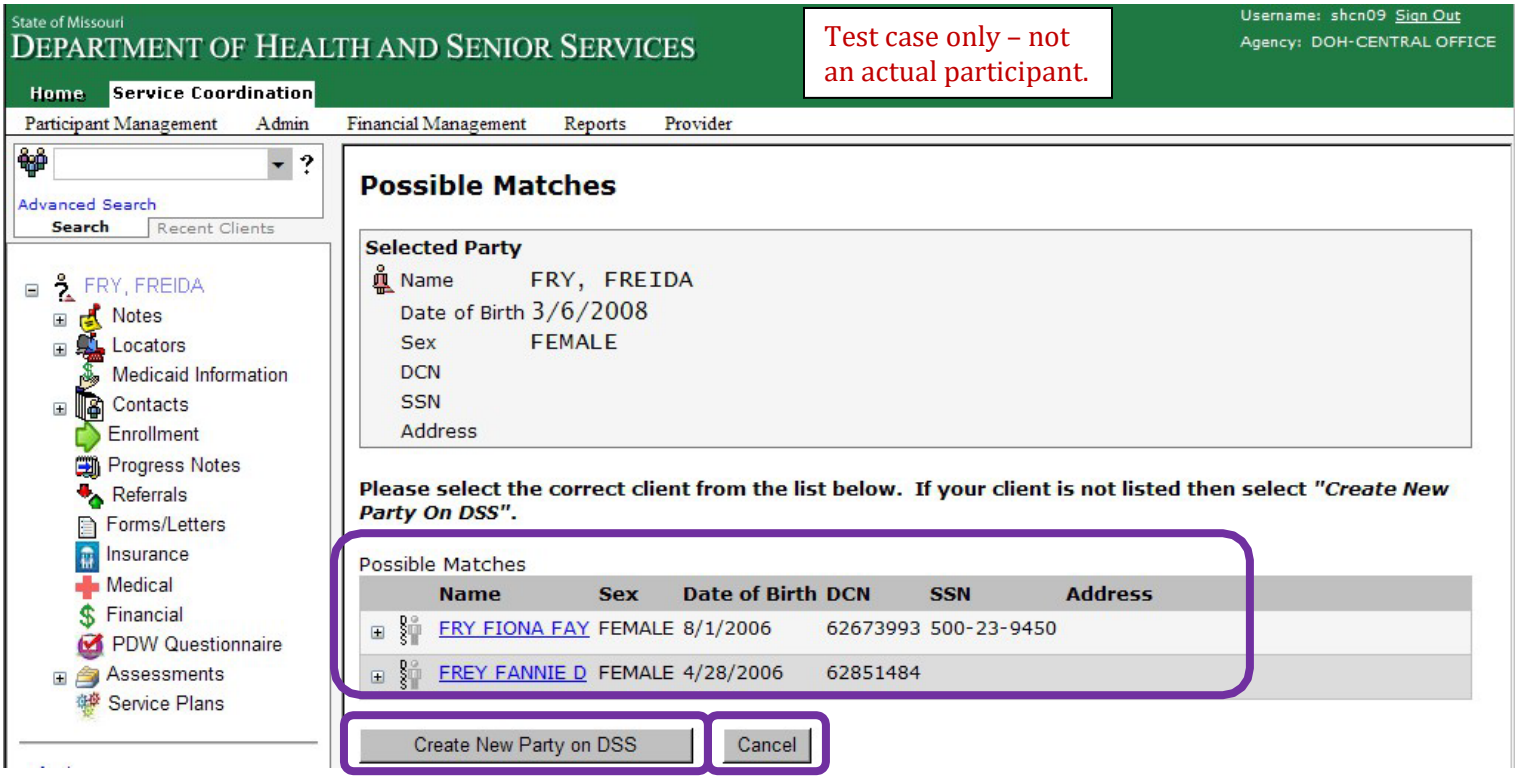
- Select the name of the participant to display the demographics page.
- Scroll to the bottom of the Demographics page and select the Edit link to access the screen so entry can be completed.
- Complete the gender (sex) field, race field and ethnicity field entry.
- Scroll to the bottom of the Demographics page and select the Save link.



## Possible Matches screen

The system will display a Possible Matches screen that will list party names, with DCN, that already exist in the MOHSAIC system.

- If there is a match, select the name that matches.
- If there is no match, select the 'Create New Party on DSS' button.

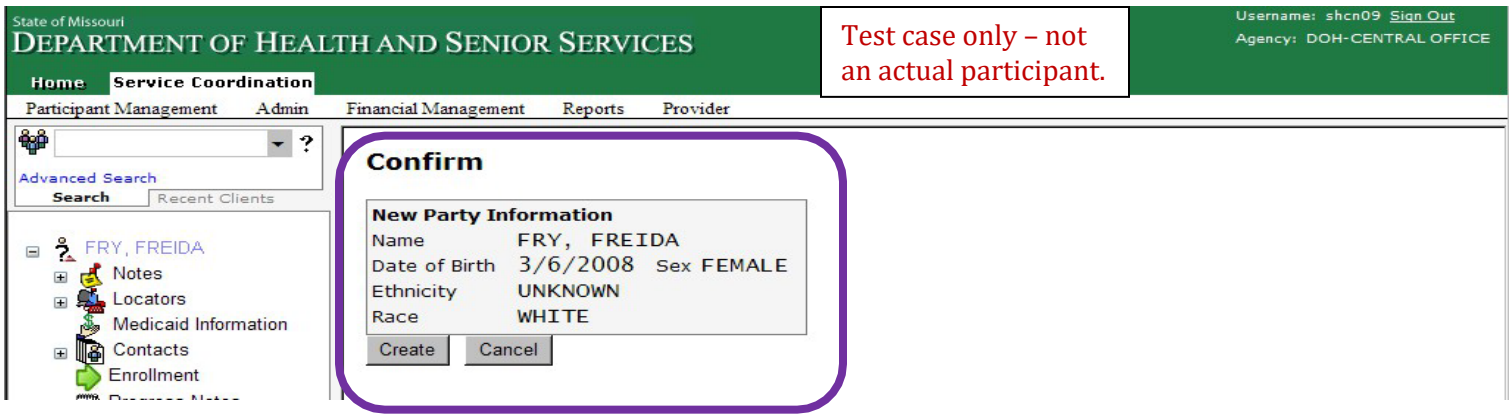



## Confirm screen

If a user selected the 'Create New Party on DSS' button, the system displays a Confirm screen. The Confirm screen will list the party name, date of birth, gender (sex), Ethnicity and Race information.

A user should review everything to determine if this party matches the information they have for their participant.

- If the information is a match, select the 'Create' button.
  - The system will display normally, i.e., the correct icon in the 'Tree', the notice (Not a Medical Client) no longer displays on Participant Management screens and entry in Participant Management screens can be completed.
- If there is no match, select the 'Cancel' button.

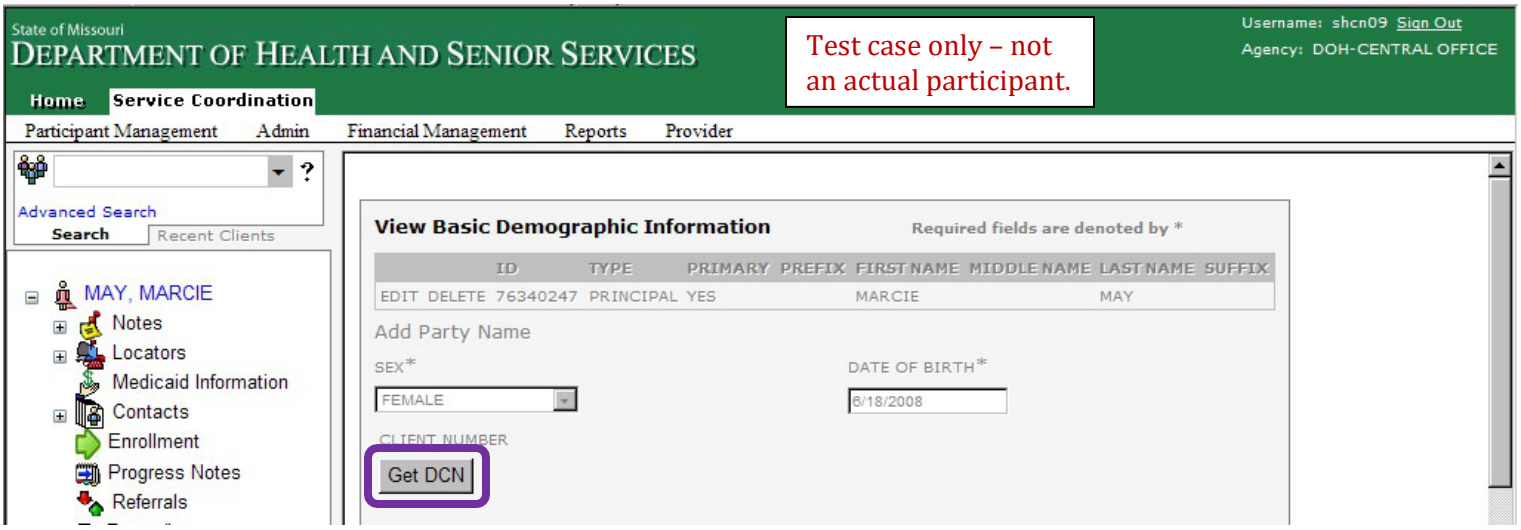


## Register as Non-Medical Client Link selected in error – Get DCN Button

If a party search contained all search requirements (name, date of birth, gender, ethnicity, and race) but a user selected the incorrect link (Register as Non-Medical Client vs. Register as Medical Client) the participant's demographic page will display a 'Get DCN' button. Select the 'Get DCN' button to obtain a DCN.

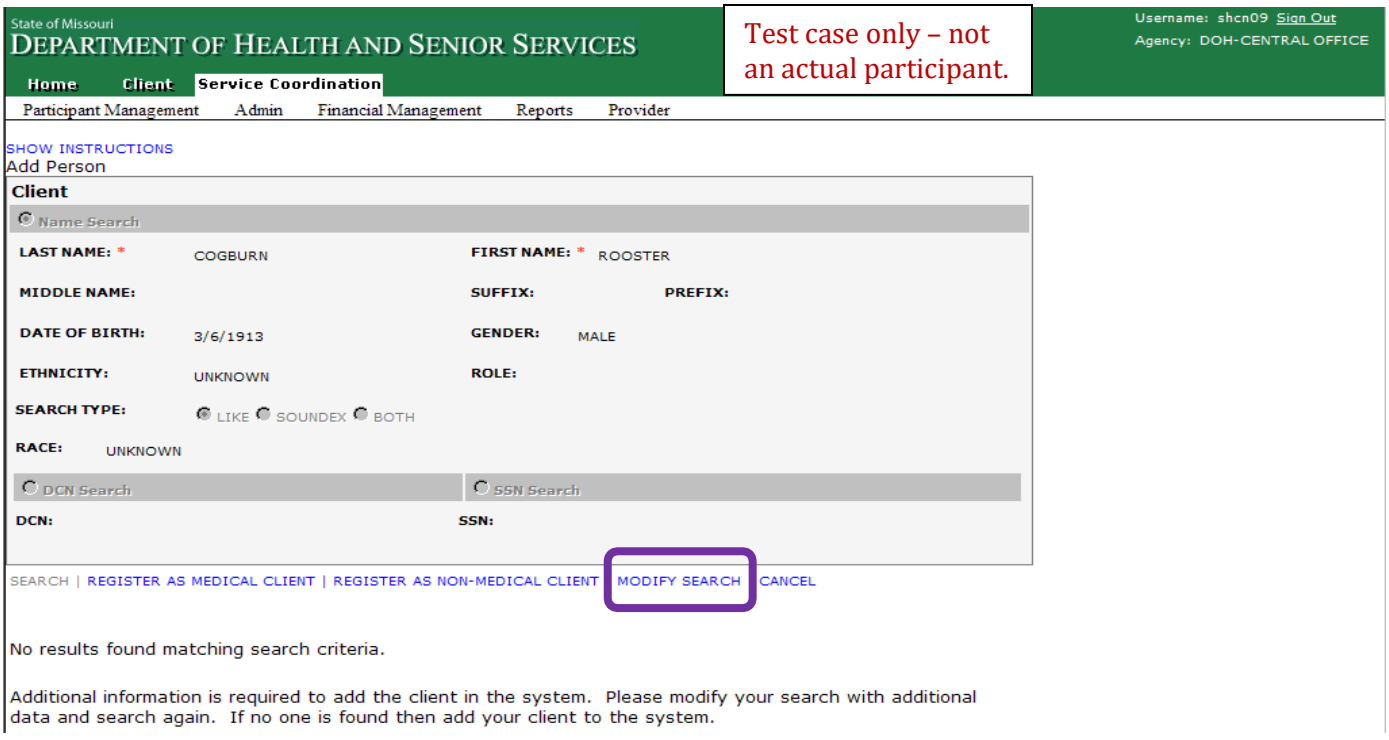
The system will:

- Assign a DCN to the participant record.
- Entry can be completed in all Participant Management screens.
- The notice (Not a Medical Client) disappears.




## Search - Advanced Search Link - Modify Search Link

- If an additional search is needed, select the Modify Search link, and enter new criteria to be searched.

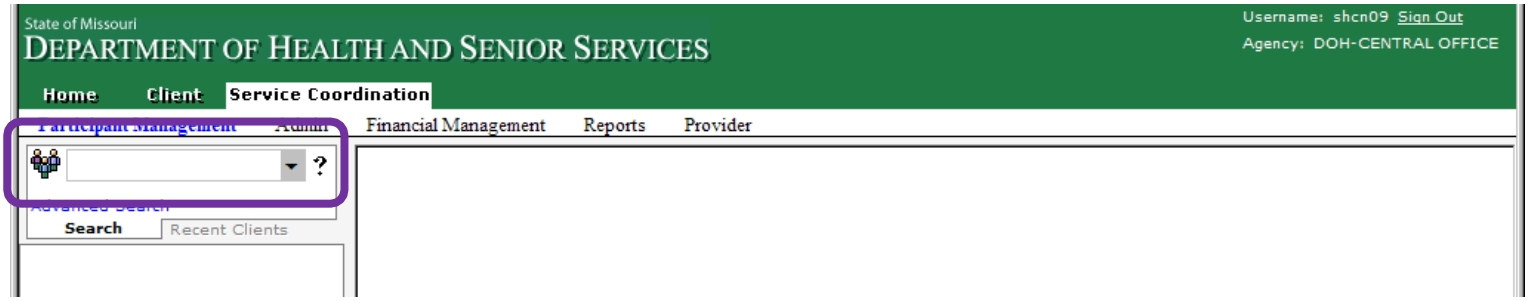


## Search - Web Combo

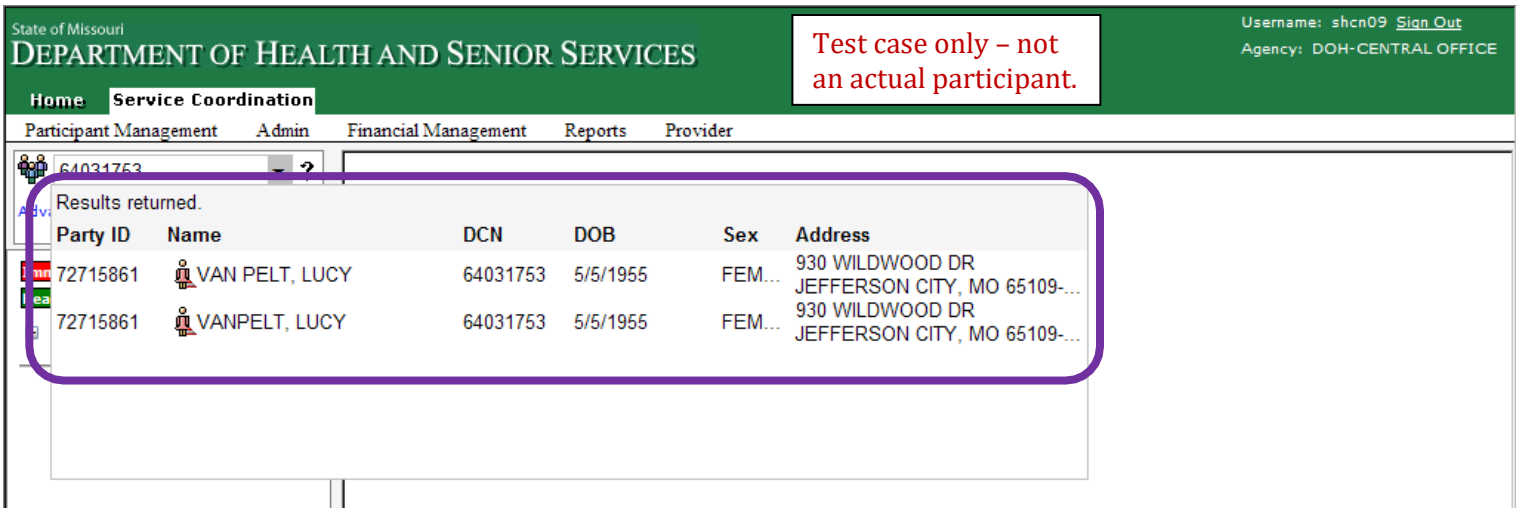
- This search option conducts **only a MOHSAIC system search**; it does not connect to DSS.
- A party must be a 'MOHSAIC medical client record' to have any search results returned.
- Users should always verify search results are a match (name, date of birth, etc.) to the party being searched before making any selections.

## Search - Web Combo Box

To use this search, type the DCN or party name in the field. The system will automatically search once entry ceases. DO NOT select the enter key, move the mouse, or click the mouse. If need be, lift your hands away from the keyboard and mouse so the system can perform a search. If you select the enter key or move the mouse the search result will post 'null', and a new search will need to be conducted.

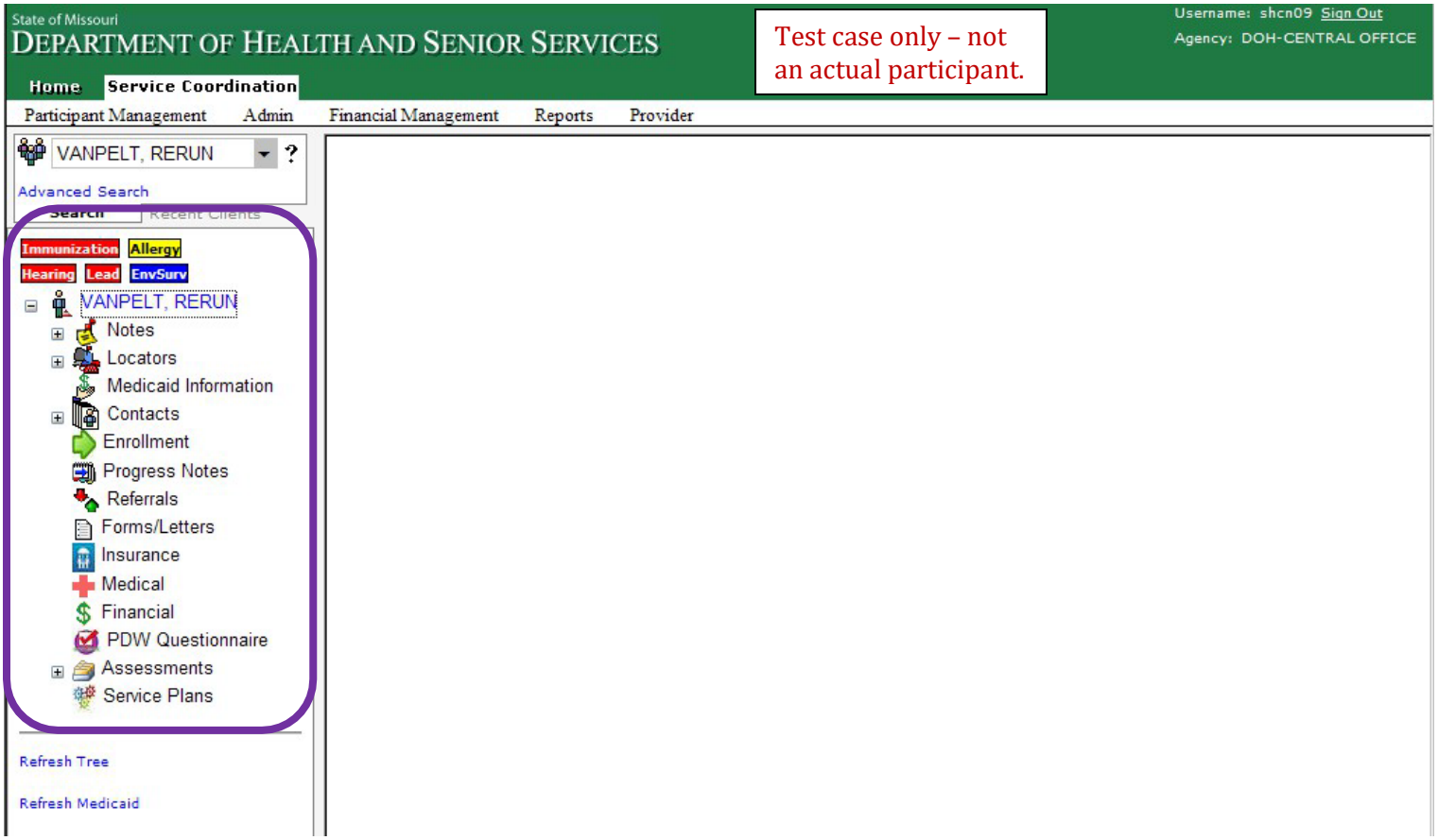



Search results display in a drop-down window. If there are multiple entries, all entries should have the same info in all fields, except the name column if a party has had a name change.



## MOHSAIC Tree

The left side of the screen is referred to as the 'Tree'; to access any section, select the section from the 'Tree'.



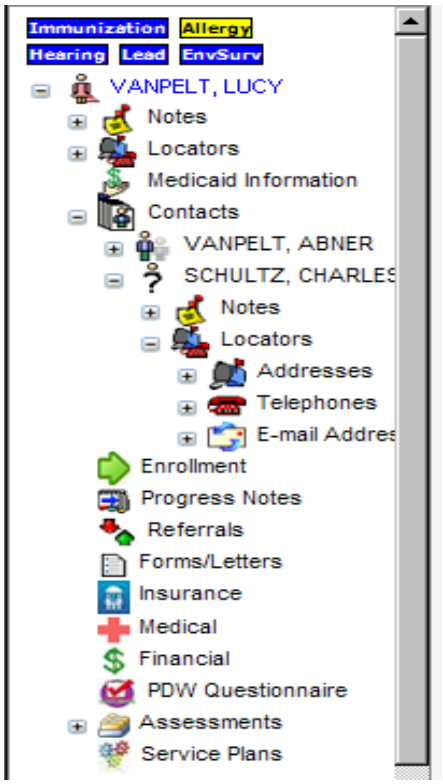

## Icons

Each section of the Tree is identified by an icon.

The system uses a male or female icon to depict the gender of the name displayed.

If the gender is unknown, the '?' symbol is used.

Other common objects are used to depict the object of the specific section, i.e., mailbox for Addresses, phone for Telephones, etc.



## Locators

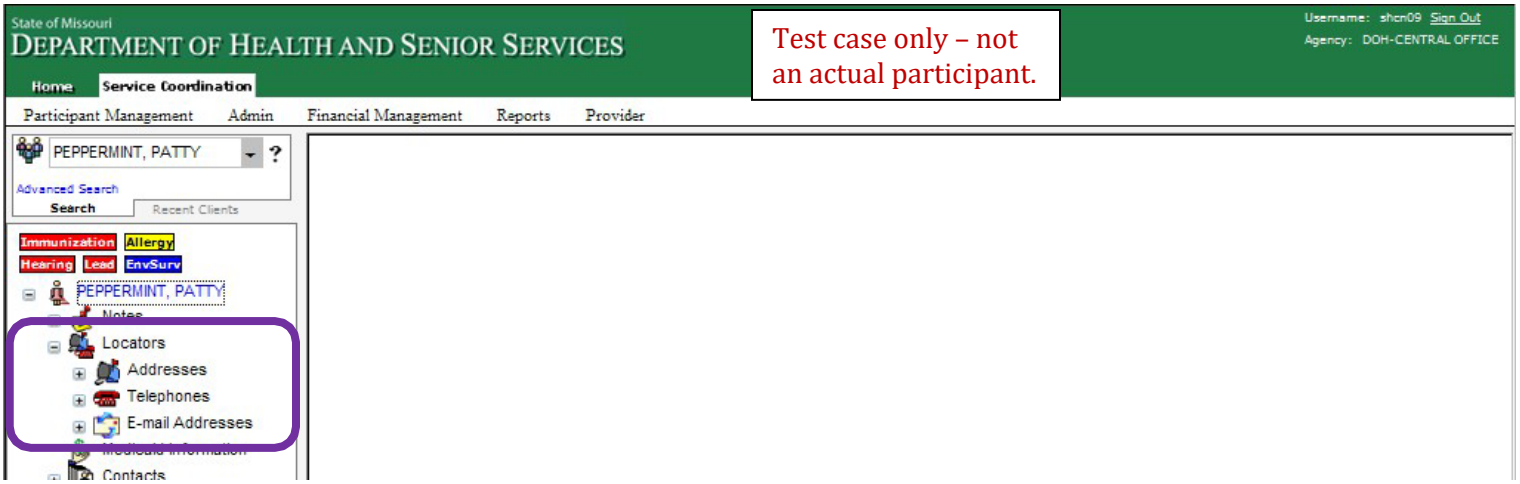
This section records Address, Phone, and Email information.

A separate record must be created to record information for each party, a Participant, a participant's Responsible Party and a participant's Alternate Contact.

The Locator section (Address, Phone and Email) of the:

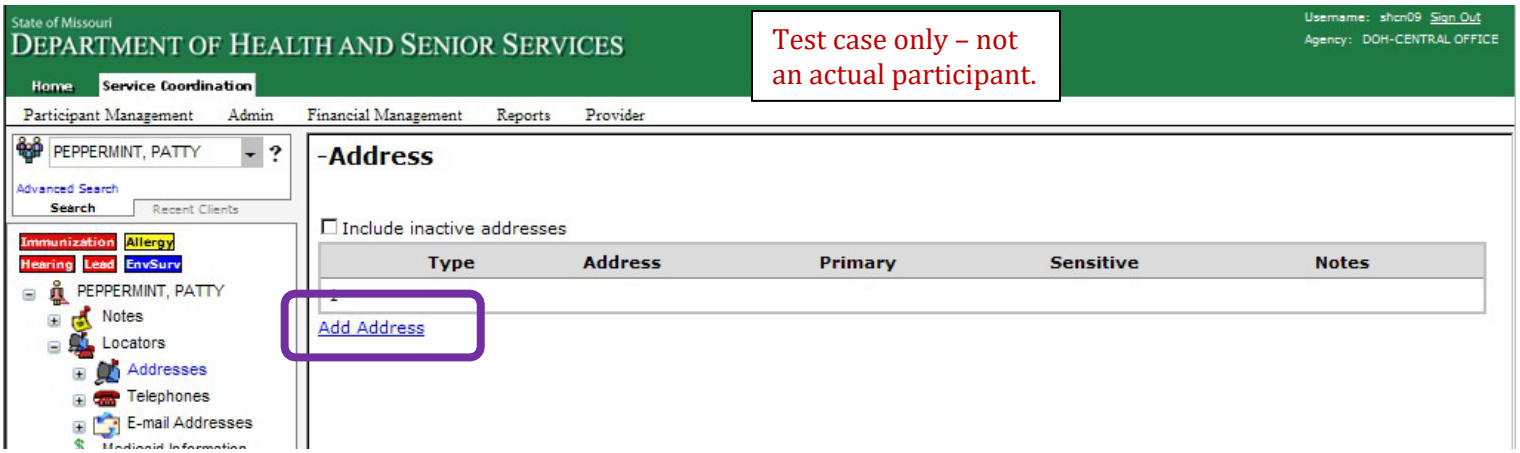
- SHCN participant record captures only the SHCN participant's information.
- Responsible Party record captures only the Responsible Party's information.
- Alternate Contact record captures only the Alternate Contact's information.

The Locator information for a Responsible Party and an Alternate contact will display in the MOHSIAC Tree under the Contacts section of the SHCN Participant record.



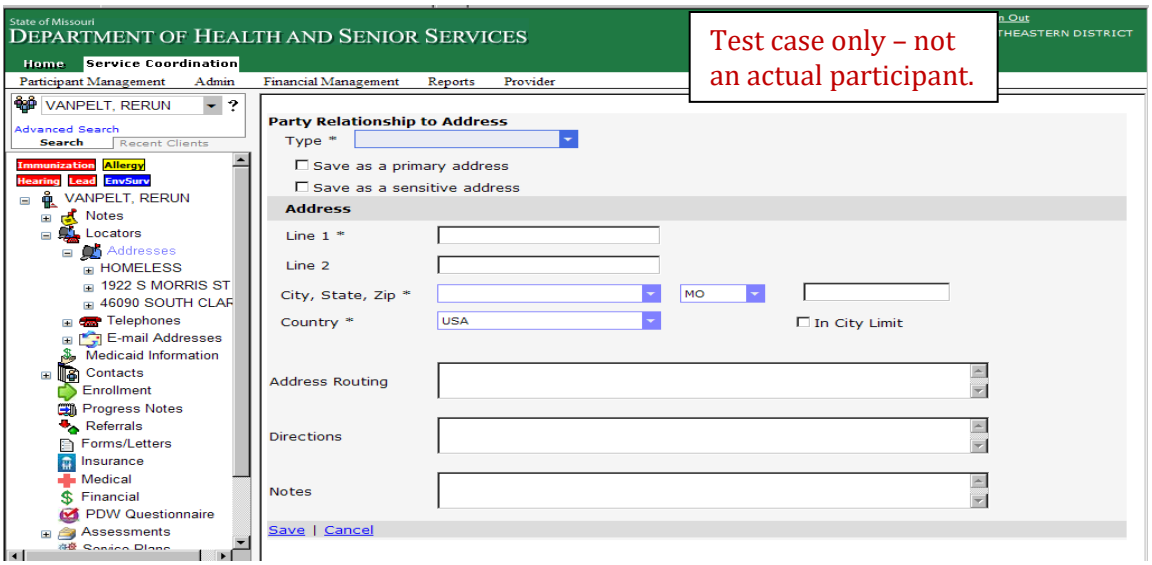

## Locators – Addresses – Add Address Link

Select the Add Address link to enter a party's address.



## Locators – Addresses Entry (including Homeless and Safe at Home Address Entry)

A participant record must have an address entry. The Locator section in the 'Tree' (under a participant name) has sections for the Address, Telephone and E-mail entry. The Address entry screen will display the Add Address link.

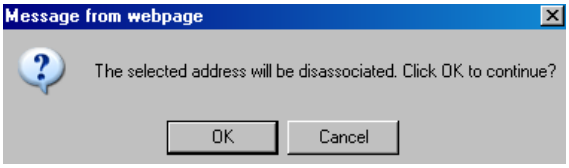



| Field | Action |
|---|---|
| **Type** | Select the option 'mailing'. All participants must have a mailing address indicated as their primary address. If the mailing address is not their home address (where they are physically located), then a home address may be added but not saved as primary.<br><br>**Safe at Home**<br>**DO NOT** include a physical address for participants with a Safe at Home address. Participants in the Safe at Home Program (15 CSR 30-79) will have their address listed as: 131 W. High Street #1409, Jefferson City, MO 65102. |
| **Save As...** | Select the Save as a Primary Address box.<br>✓ The sensitive address box can be selected, but all entry by SHCN is considered sensitive and should not be released without consent.<br>✓ At **NO TIME** are Safe at Home participant physical addresses to be entered into MOHSAIC or shared with any employee, except the individual(s) who have direct contact and care with the participant.<br>If referring the participant to a specific provider, advise the provider of Safe at Home program participation and share only the individuals' phone number and Safe at Home address.<br>✓ Providers should also be instructed to not keep any documentation of the participant's actual physical address, if enrolled with the Safe at Home address. |
| **Line 1**<br>**(Line 2)** | Complete Line 1 (and Line 2 if necessary) field with the street (rural route) address information.<br>✓ If a participant is Homeless, enter 'homeless' in the field.<br>✓ **Do not** enter 'Safe at Home' in any address field. |

| | |
|---|---|
| **City, State, Zip** | The City field will automatically display town names to select from (as entry is being typed). The State field is defaulted to MO. Enter at least the five (5) digit Zip code, but the field will accommodate the additional four (4) digits, if known.<br>✓ If an entry is recognized by the US Postal Service, the completed address field will display to be selected.<br>✓ If an address entry is not recognized by the US Postal Service, the system will display options. |
| **Country** | The field defaults to USA; if another country is applicable, select/enter the correct one. |
| **In City Limits** | A user can signify the participant address is within the city limits. |
| **Address Routing** | Not applicable |
| **Directions** | Used to record physical instructions on how to navigate to the associated address. |
| **Notes** | Used to record information about a physical address, i.e., use the side entrance, basement apartment, beware of animals, etc.<br>✓ **Do not** enter 'Safe at Home' in the Notes field. |

## Locators – Address Screen Display – Disassociation or Primary Indicator

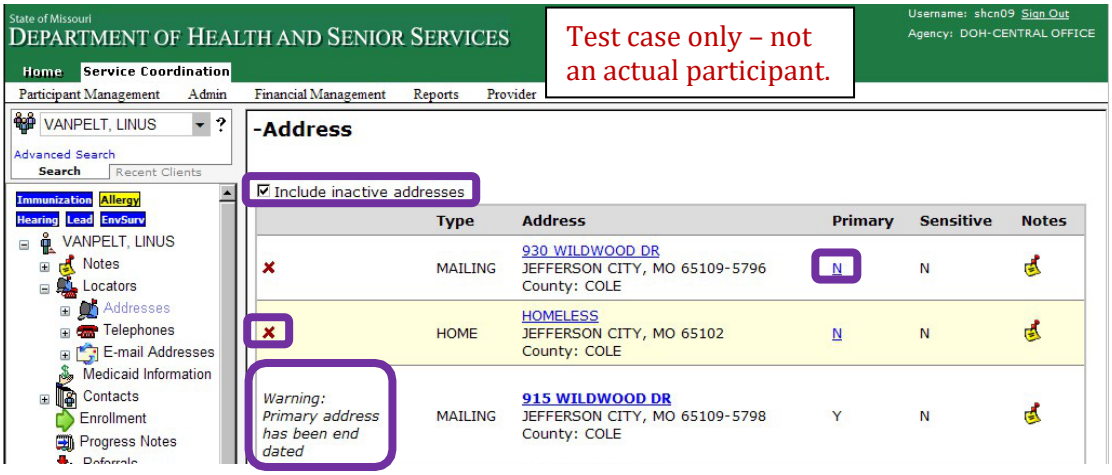
- All active addresses display when the Addresses link is selected.
- If a user wishes to disassociate an address, select the X link (displayed in red font).
- If an address, designated as 'primary' is disassociated, the system will display a warning notice.




✓ A warning continues to display until another address (from the existing entry or new entry) is designated a 'primary'.

✓ To designate another address (that is already entered on the record) as the primary address, select the N link (under the Primary column) on the line of the address already entered. The system will automatically change that address entry to be the 'primary' address.

- If a user wishes to see historical address associations, select the 'Include inactive addresses' checkbox.



## Locators – Address Entry or Address Entry Not Recognized by System

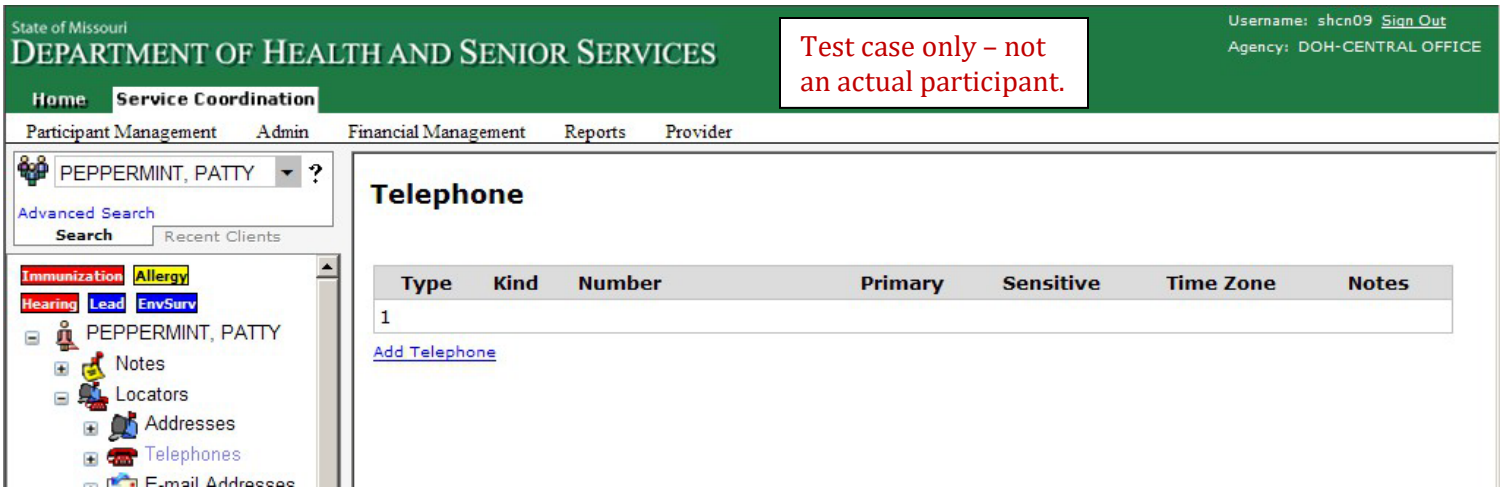
If an address entry is not recognized by the US Postal Service, the MOHSAIC system will display options:

- Use this Address link; allows a user to select the address that was entered on the Party Relationship to Address screen.
  - ✓ Select this link for address entry of a homeless party.
- The US Postal Service address as known to the US Postal Service.
- Or two (2) additional links; Reenter Address and Exit Address Entry:
  - ✓ Reenter Address link allows the user to type the information into the Address entry screen again.
  - ✓ Exit Address Entry link allows the user to leave the Address entry screen without any address entry being completed.

(The MOHSAIC system uses another application (SAGENT) that can determine if an address entry is an actual address known to the USPS.)

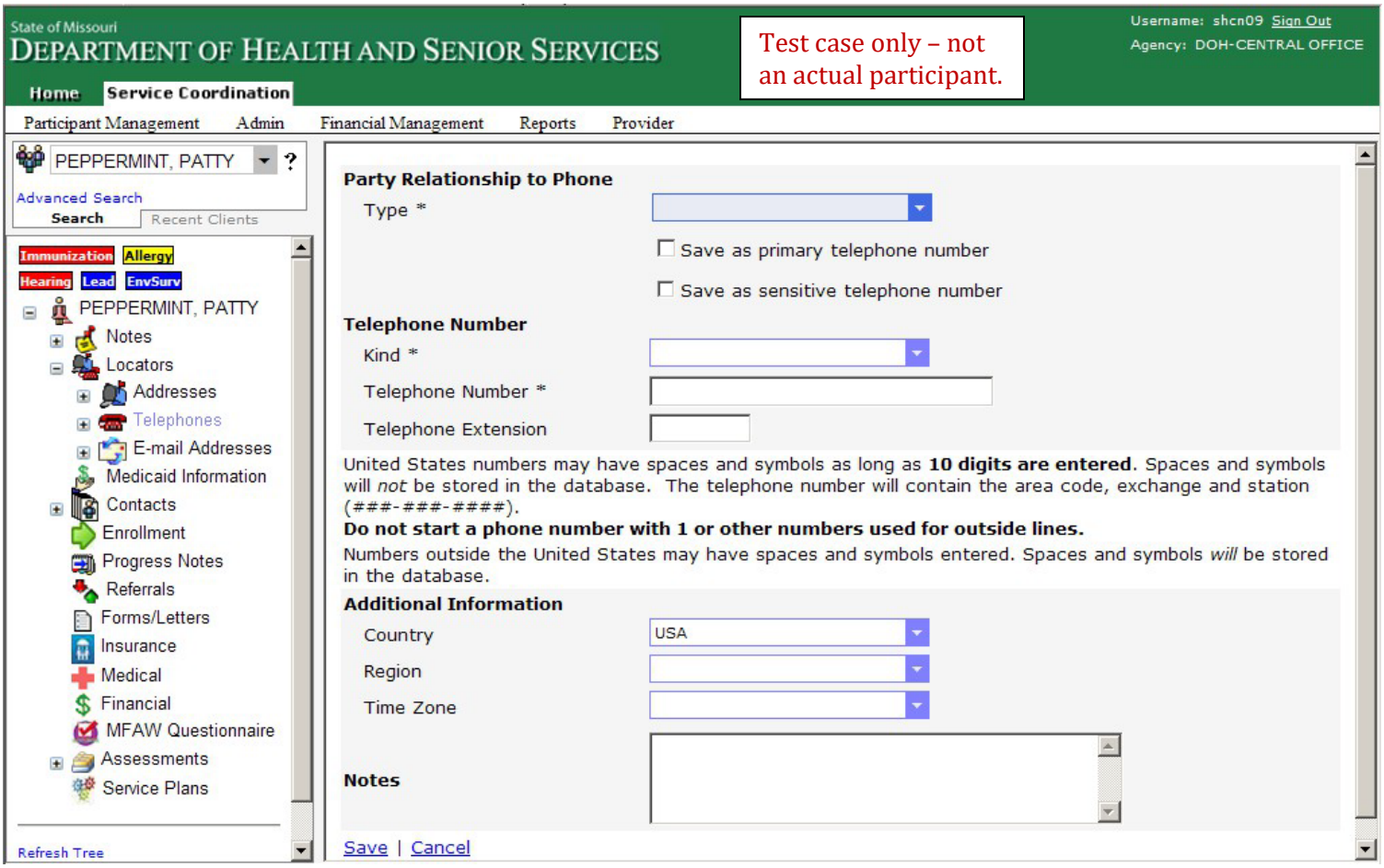

## Locators – Telephones– Add Telephone Link

The Locator section in the 'Tree' (under a participant name) has sections for the Address, Telephone and E-mail entry. The Telephones entry screen will display the Add Telephone link. Select the Add Telephone link to enter a party's telephone number.



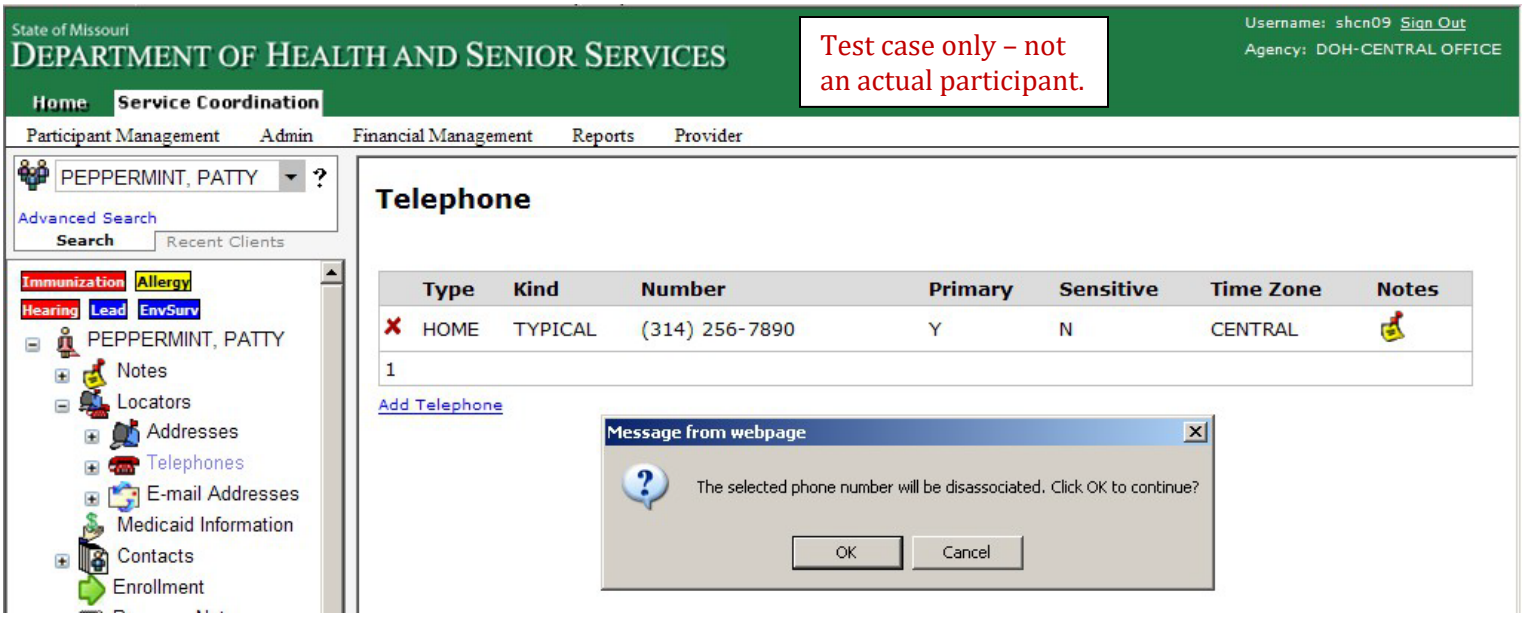
## Locators – Telephone Entry

| Field | Action |
|---|---|
| **Save As…** | • Select the Save as a Primary Telephone Number box.<br>✓ The sensitive Telephone Number box can be selected, but all entry by SHCN is considered sensitive and should not be release without consent. |
| **Type** | Select the appropriate category, i.e., business, home, message, work, unknown, etc. |
| **Kind** | Select the appropriate option. |
| **Telephone Number** | Enter the area code, exchange, and station number (314-256-7890) using dashes to separate the three (3) sections of the phone number. |
| **Telephone Extension** | If appropriate, enter the extension number. |
| **Country** | The field defaults to USA; if another country is applicable, select/enter the correct one. |
| **Region** | A user can signify the phone number within regions (1-10). |
| **Time Zone** | Select the appropriate time zone, i.e. Central. |
| **Notes** | Free text for comments concerning the Telephone. |



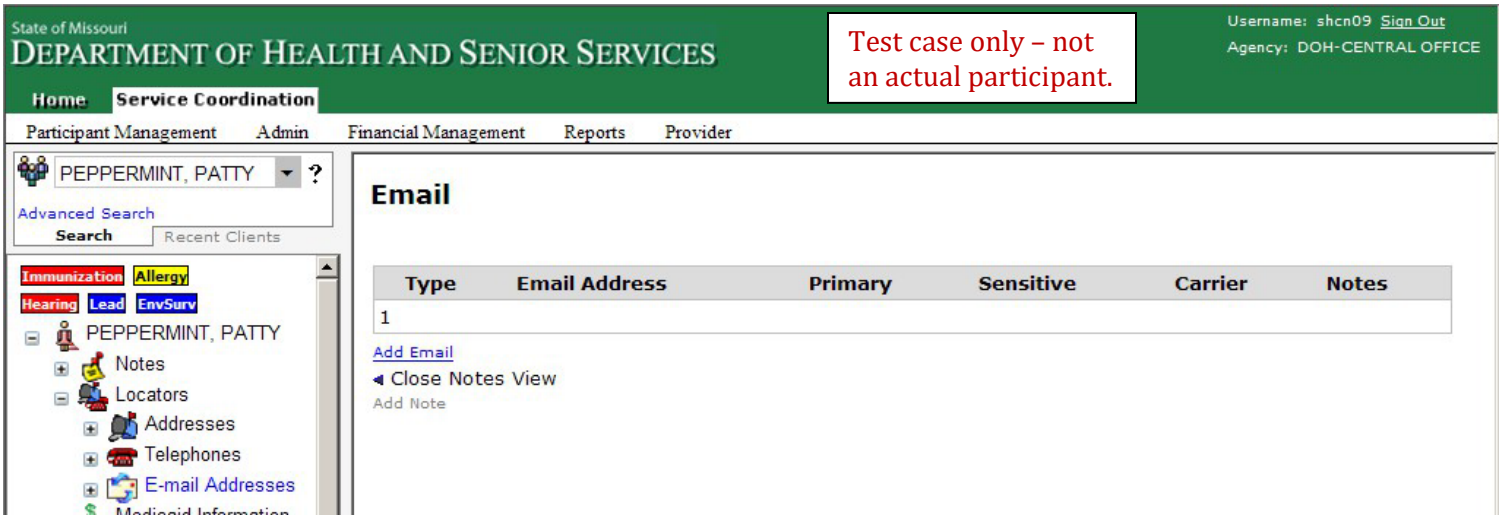
## Locators – Telephones Entry (continued)

- All active telephone entries will display when the Telephones link is selected.
- If a user wishes to disassociate a telephone number, select the X link (displayed in red font).
- If a telephone number, designated as 'primary' is disassociated, the system will display a warning notice.



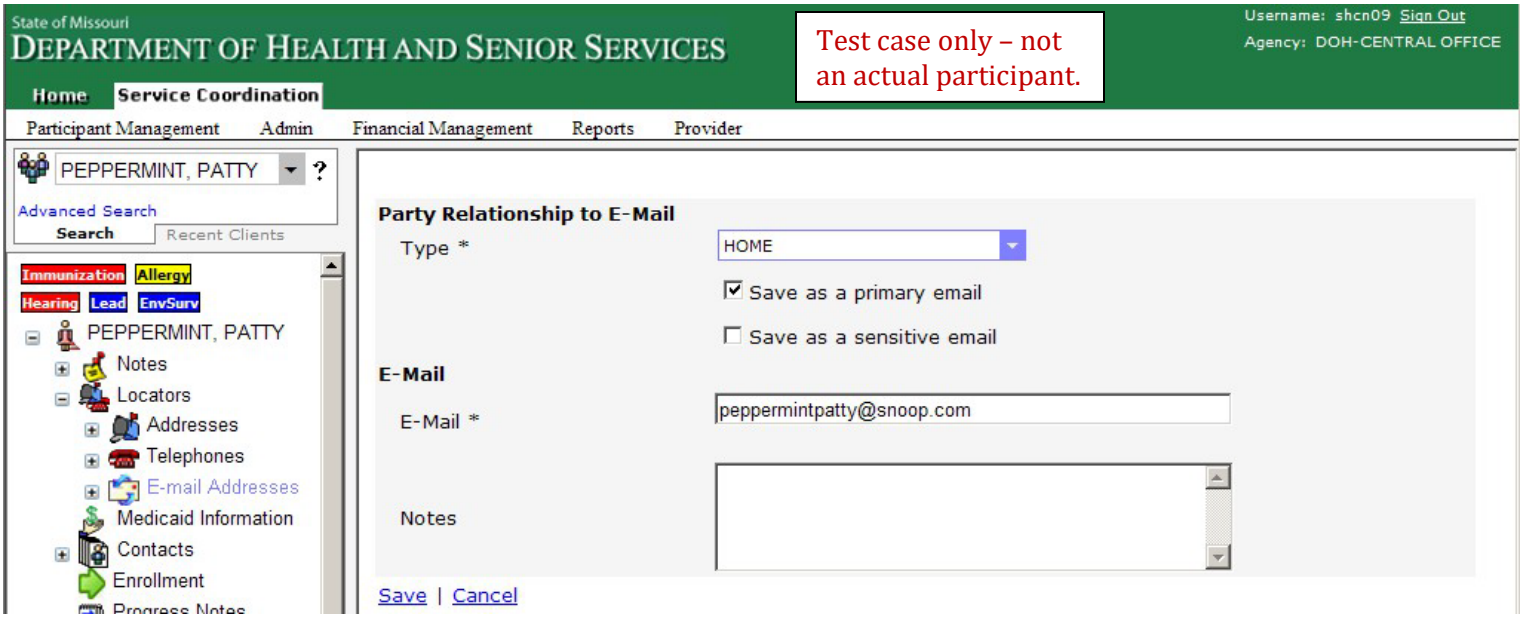

## Locators – Email Address – Add Email Address Link

The Locator section in the 'Tree' (under a participant name) has sections for the Address, Telephone and E-mail entry. The Email Address entry screen will display the Add Email link. Select the Add Email link to enter a party's Email Address.



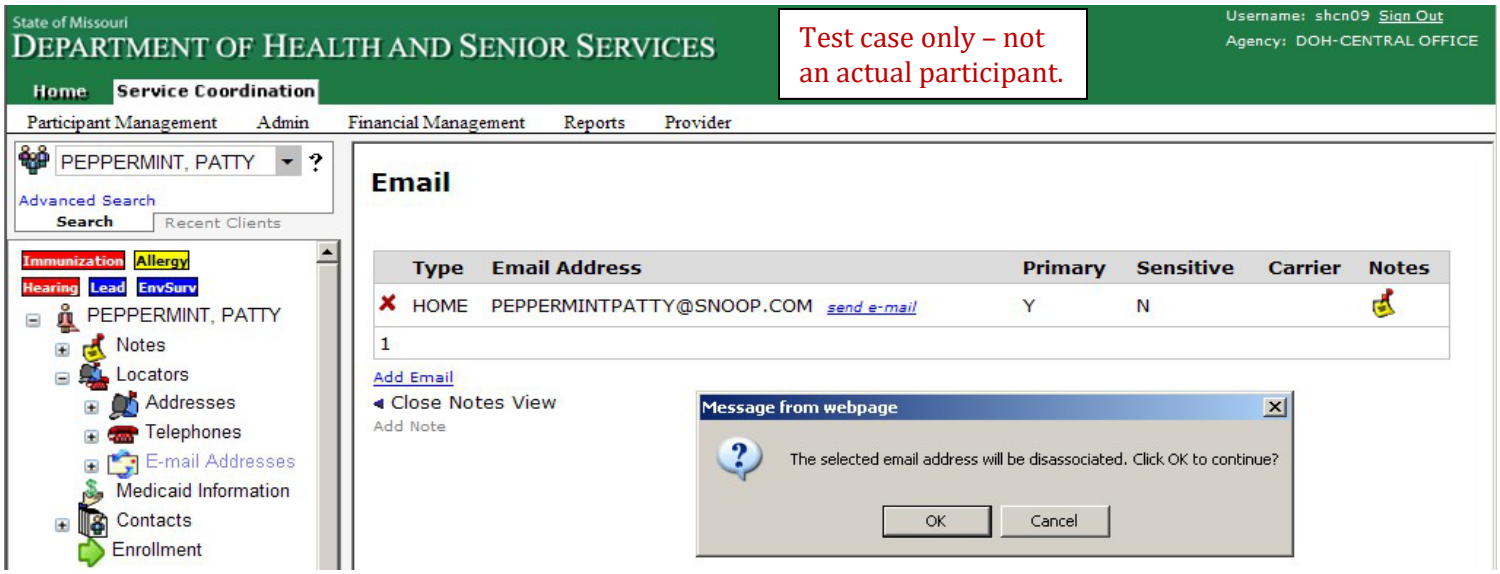
## Locators – Email Address Entry

| Field | Action |
|---|---|
| **Type** | Select the appropriate option, i.e. Home, Business, Message, Unknown, Work. |
| **Save As…** | • Select the Save as a Primary Email box.<br>✓ The sensitive Email box can be selected, but all entry by SHCN is considered sensitive and should not be release without consent. |
| **E-Mail** | Enter the Email Address. |
| **Notes** | Free text for comments concerning the Email Address. |




## Locators – Email Address Entry (continued)

- All active Email Address entries will display when the Telephones link is selected.
- If a user wishes to disassociate an Email Address, select the X link (displayed in red font).
- If an Email Address, designated as 'primary' is disassociated, the system will display a warning notice.



## Contacts

Select the Contacts link under the participant's name to enter Responsible Party information and Alternate Contact information. The Contacts section captures demographic information for a participants' Responsible Party and the participant's Alternate Contact.

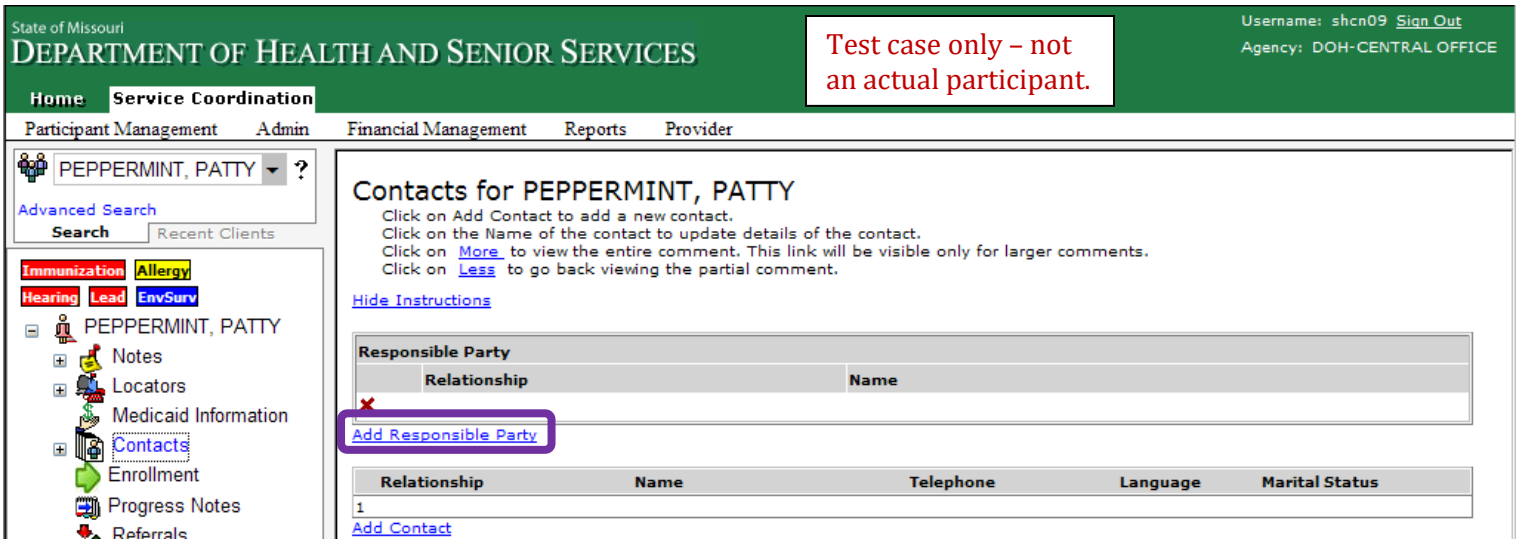
If a participant is their own guardian, Responsible Party entry will be the participant's name.

The system will also use the Locators entry (completed under the participant's record) vs. allowing users to complete the Locators sections (address, phone, and email) under the Contact record.


## Contacts – Add Responsible Party Link

Select the Add Responsible Party link to enter the name of a participants' Responsible Party.

- Address, Phone, and Email (Locators) information for a participants' Responsible Party is entered separately, in the Responsible Party record (not the participant's record).
- When the (Locators) entry is completed in the Responsible Party record, the participant's record will display the Contacts entry from the Responsible Party records.



## Contacts – Add Responsible Party Field

- Type the name of the Responsible Party in the Party field. The system will automatically conduct a name search.
- If the name is already in the system, the name will display in a drop-down list, so it can be selected.
- If there are multiple names in the drop-down list (i.e., spelled differently) select the most appropriate option.
- If the name is not in the system, an Advanced Search must be conducted. (This will allow a user to enter a name into the system.)


## Contacts – Add Responsible Party – Party Not Found

When a Responsible Party or Alternate Contact name is not in the system a window will display to allow the user to add the name.

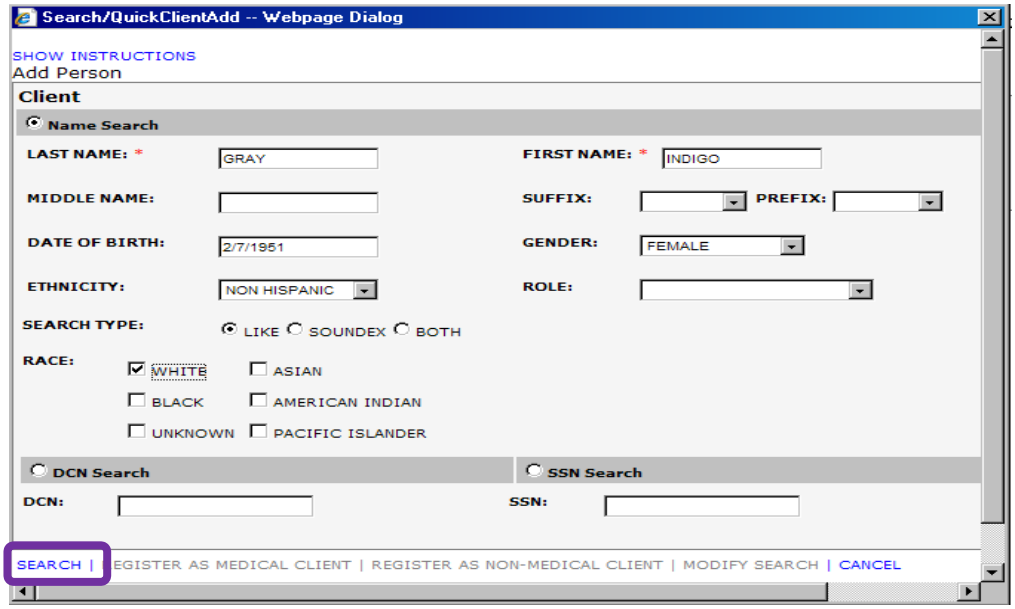
- Select the OK button, to conduct an Advanced Search and add the name, or
- Select the Cancel button to search again.

## Contacts – Add Responsible Party – Advanced Search Screen

The OK button will display an Advanced Search window. Enter information in the required fields and select the Search link. The best search result is obtained when entry is completed in the following search fields only:

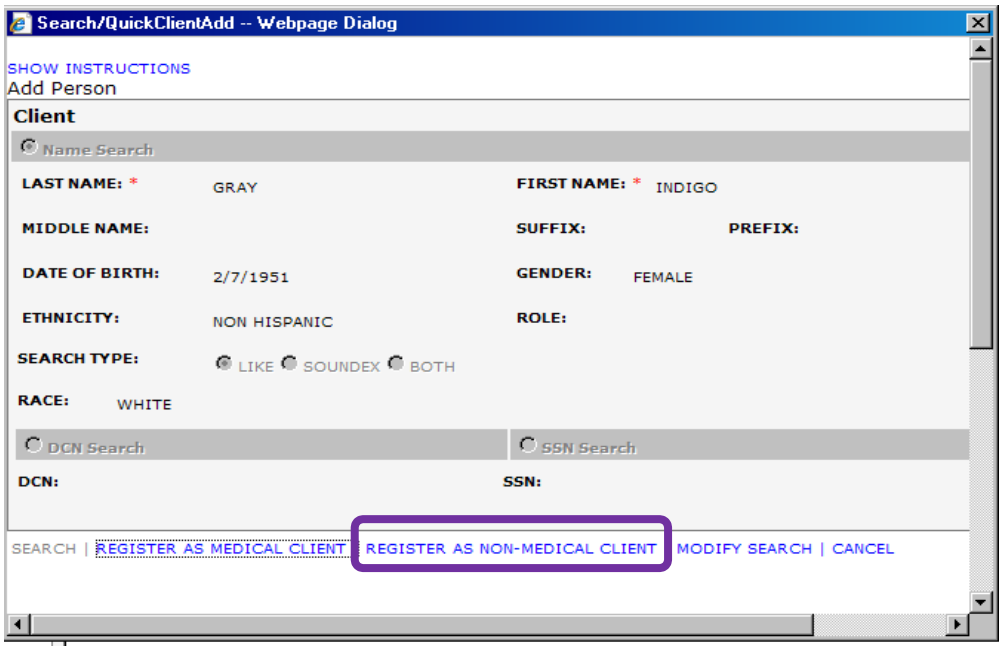
- Last Name
- First Name
- Date of Birth
- Gender
- Ethnicity
- Race

Test case only – not an actual participant.




## Contacts – Add Responsible Party – Advanced Search - Register as Non-Medical Client

Select the Register as Non-Medical Client link to enter a name into the system when the search result does not return a match. (The next time this name is searched, the drop-down list will display the name.)

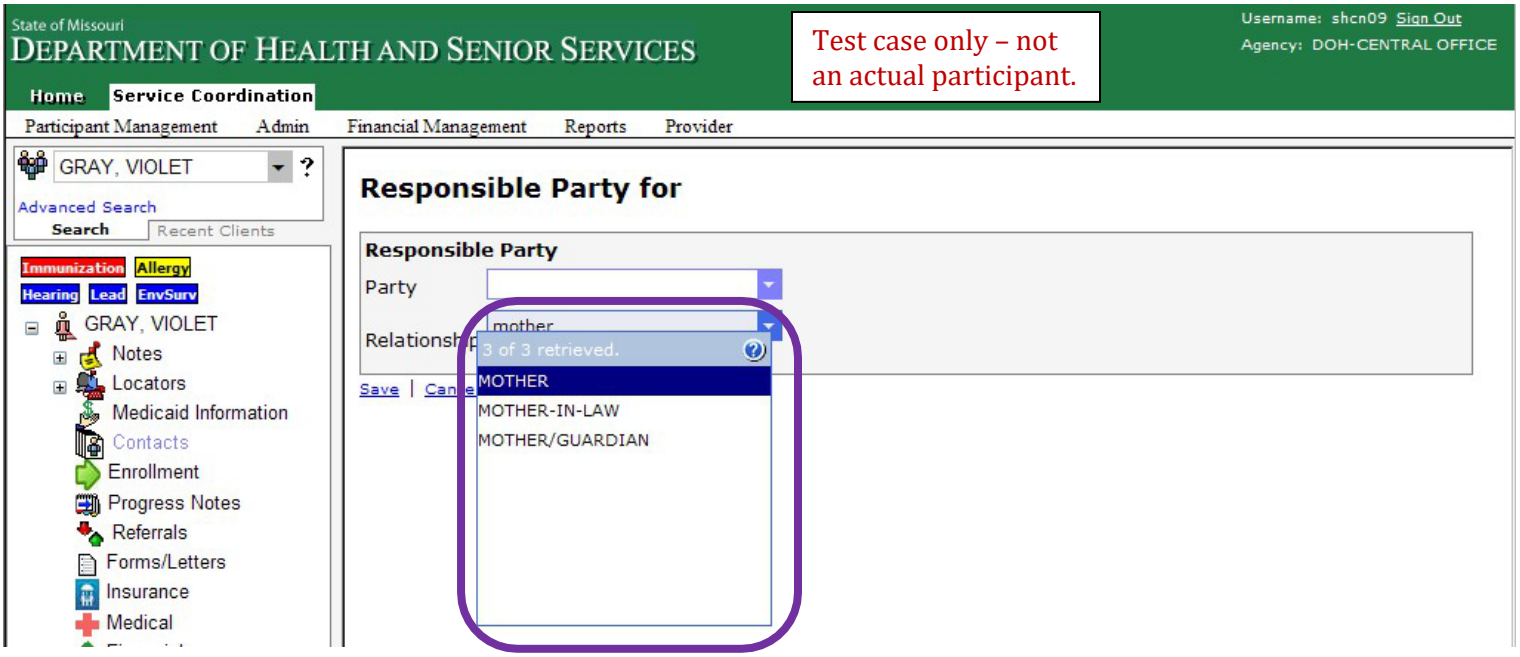


## Contacts – Add Responsible Party Relationship Field

Type the entry that best describes the affiliation (i.e., mother). The system will display the options in a drop-down list, select the appropriate choice. If a user needs to view the entire list, select the arrow, and scroll through the list.

If a participant is their own guardian, Responsible Party entry will be the participant's name and the Relationship Field selection shall be 'self'.

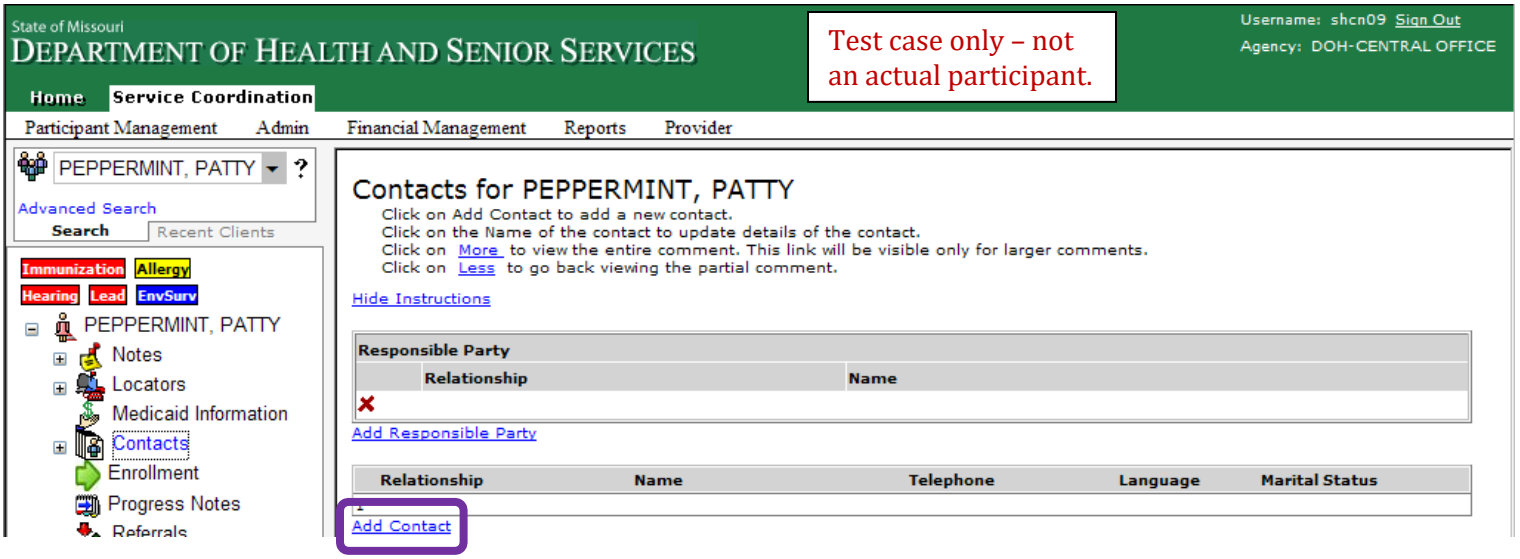
(Relationship field is a CCIT requirement, not a SHCN requirement.)




## Contacts – Add Contact Link

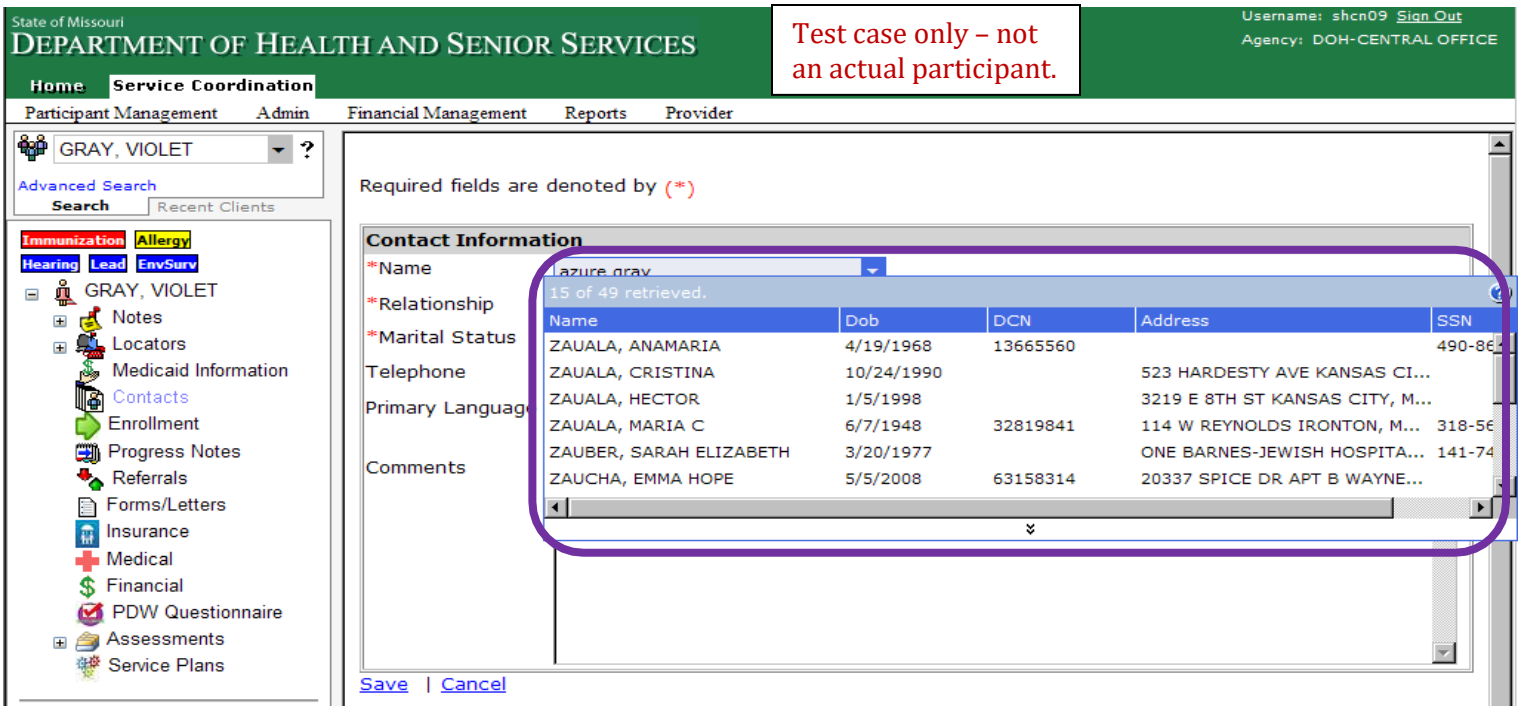
Select the Add Contact link to enter the name of a participants' Alternate Contact.

- Address, Phone, and Email (Locators) information for a participants' Alternate Contact is entered separately, in the Alternate Contact record (not the participant's record).
- When the (Locators) entry is completed in the Alternate Contact record, the participant's record will display the Contacts entry from the Alternate Contact records.



## Contacts – Contact Information Screen – Name Field

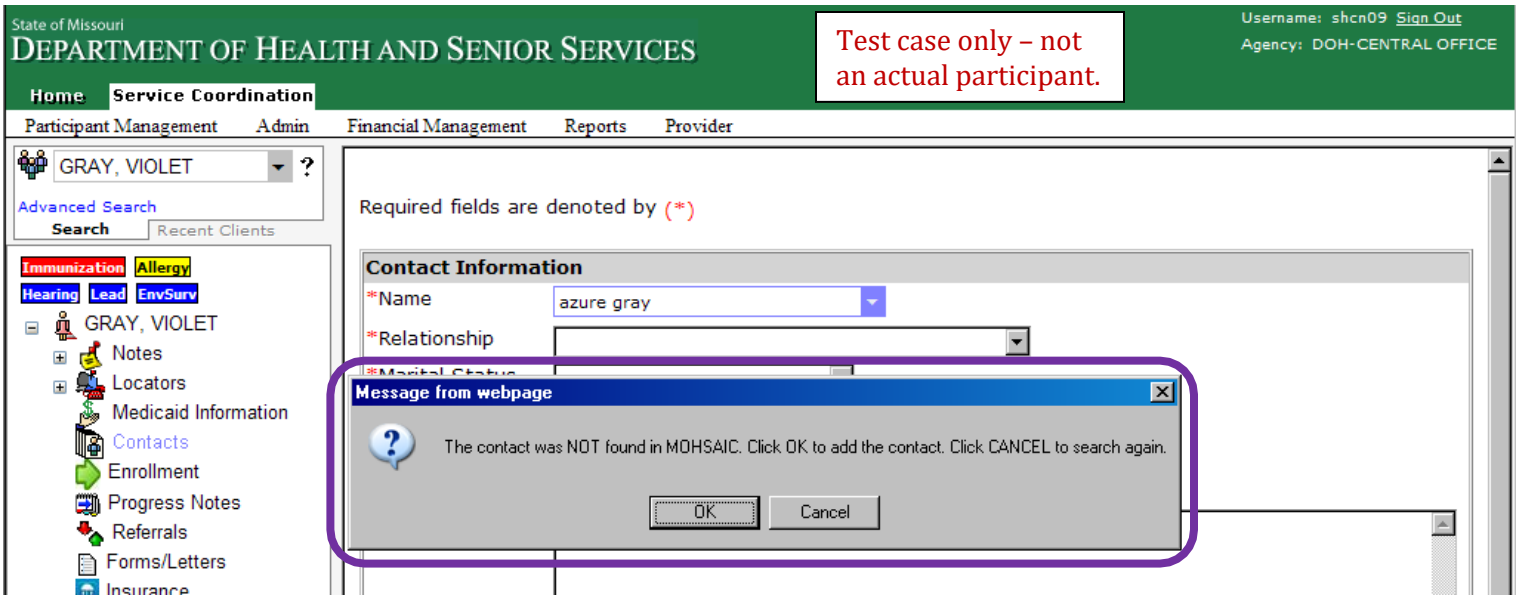
- Type the name of the Alternate Contact in the Name field. The system will automatically conduct a name search.
- If the name is already in the system, the name will display in a drop-down list, so it can be selected.
- If there are multiple names in the drop-down list (i.e., spelled differently) select the most appropriate option.
- If the name is not in the system, an Advanced Search must be conducted. (This will allow a user to enter a name into the system.)




## Contacts – Add Contact – Party Not Found

When an Alternate Contact name is not in the system a window will display to allow the user to add the name.

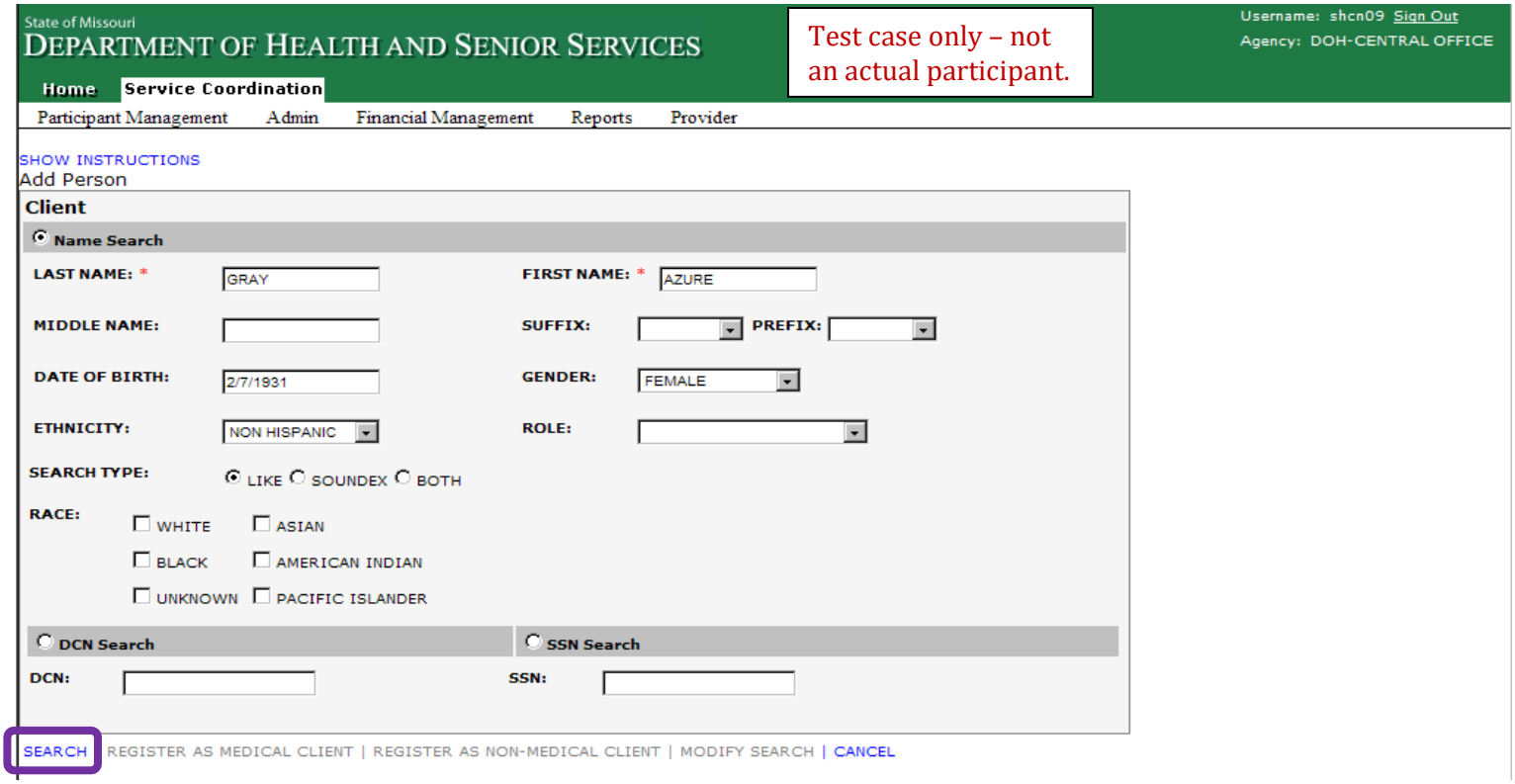
- Select the OK button, to conduct an Advanced Search and add the name, or
- Select the Cancel button to search again.



## Contacts – Contact Screen – Advanced Search for an Alternate Contact

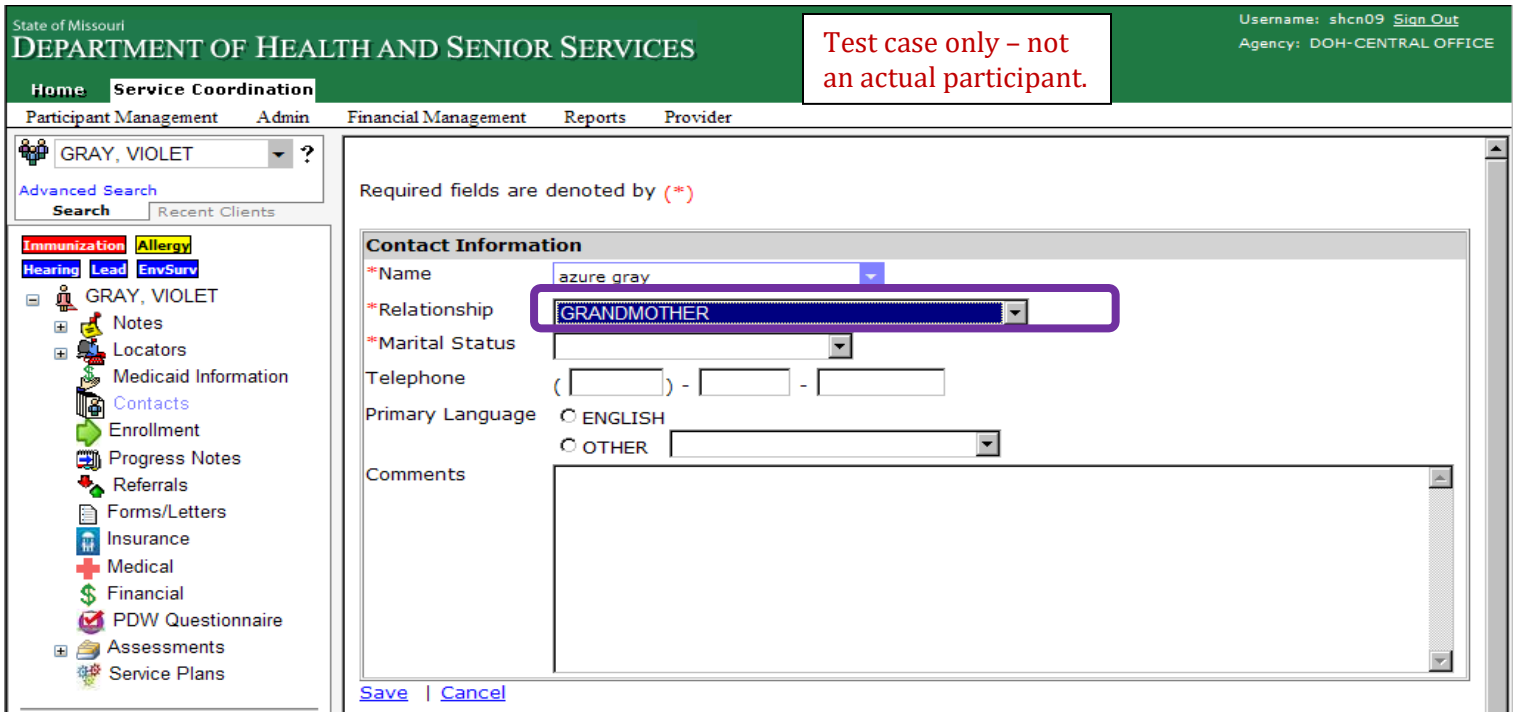
The OK button will display an Advanced Search window. Enter information in the required fields and select the Search link. The best search result is obtained when entry is completed in the following search fields only:

- Last Name
- First Name
- Date of Birth
- Gender
- Ethnicity
- Race



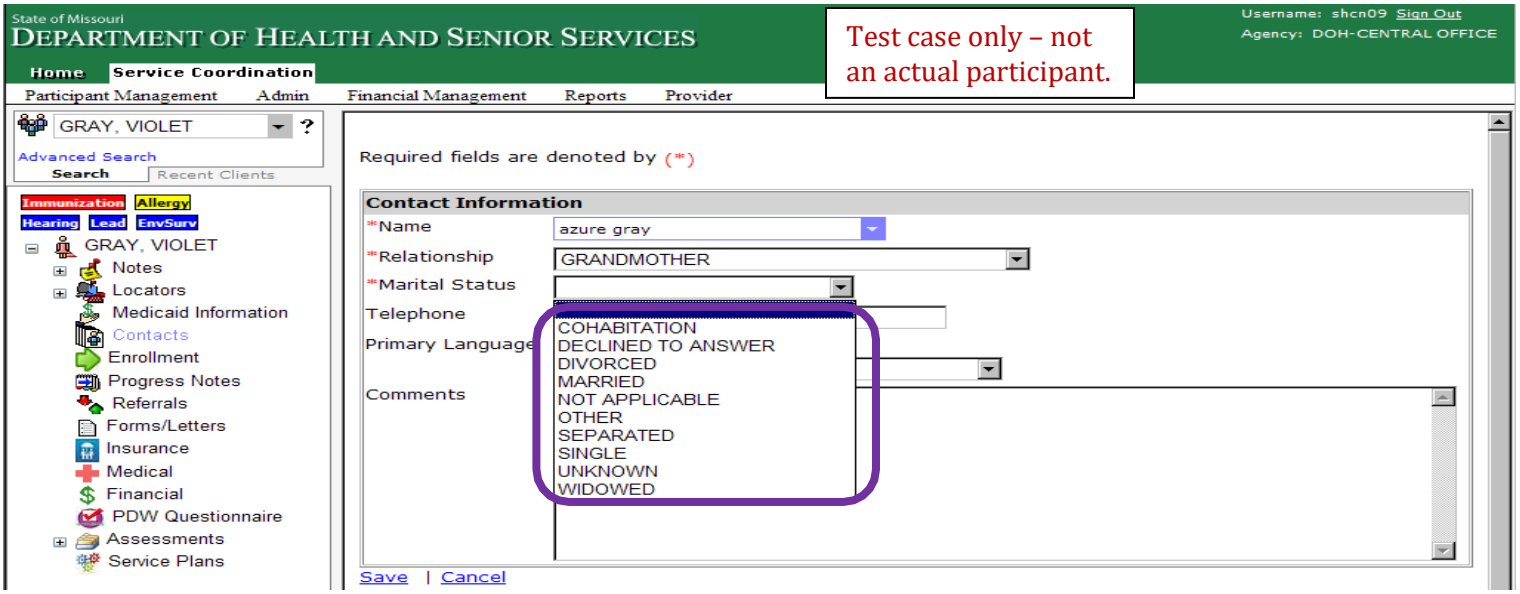

## Contacts – Contact Information Screen – Relationship Field

Type the entry that best describes the affiliation (i.e., grandmother, contact person). The system will display the options in a drop-down list, select the appropriate choice.



## Contacts – Contact Information Screen – Marital Status Field

The system will display the options in a drop-down list, select the appropriate choice.




## Contacts – Contact Information Screen – Telephone Field, Primary Language Field, and Comment Fields

Telephone field entry:

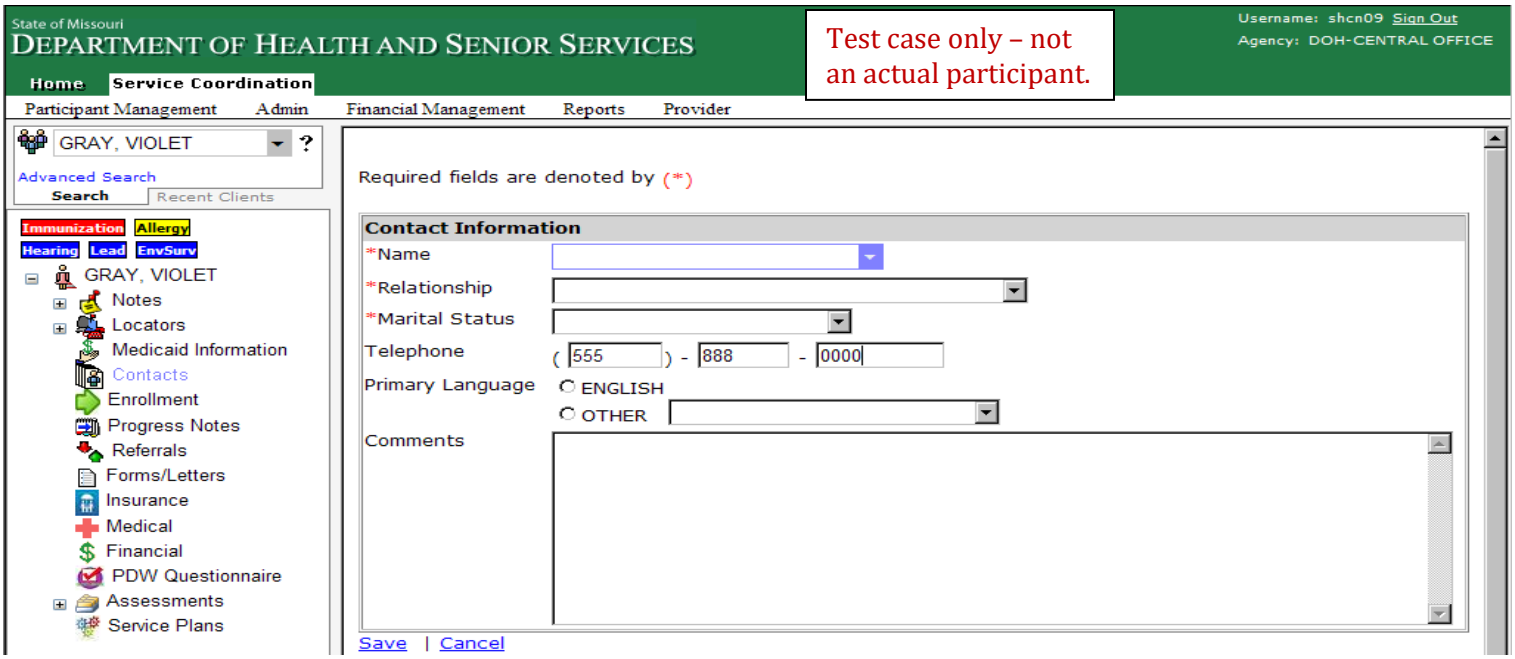
- Is a free text field, type the ten (10) digit phone number (include area code).

Primary Language field entry: there are two (2) options:

- English
- Other; the system will display a drop-down list, select the appropriate choice.

Comments field entry:

- Free Text for any pertinent information to be captured, i.e., neighbor across the hall or next door, contact at the local Casey's that will deliver a message, etc.



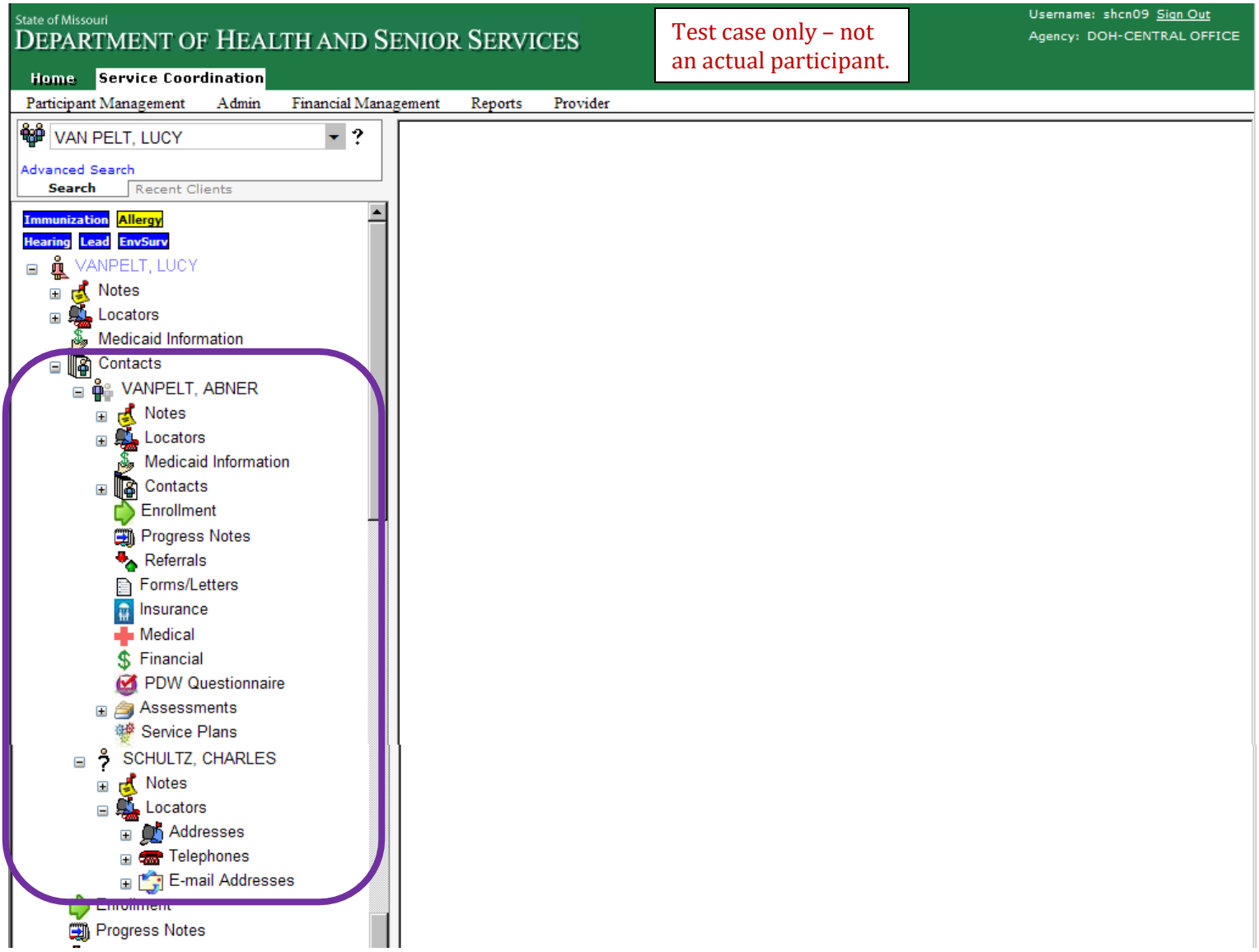
## Contacts – When a Responsible Party or Alternate Contact is also a SHCN Participant

If a Responsible Party or an Alternate Contact is also a SHCN participant, the Participant Management portion of the tree is available under the Contacts link for that party; no separate search is required.

- To view the Participant Management information of a Contact record, expand the Participant Management section of the Tree for the specific Contact.

Example:

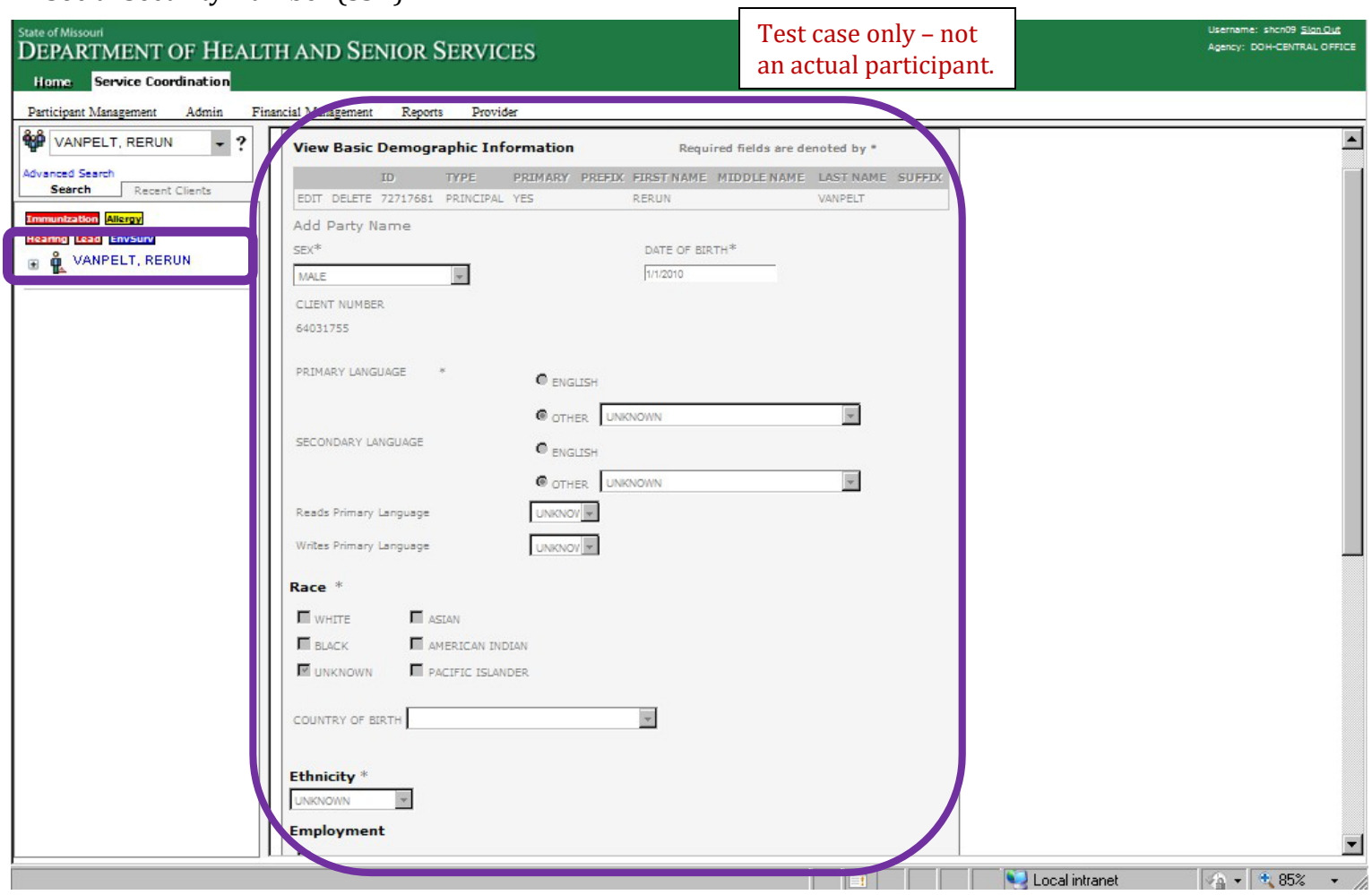
- ✓ Abby Van Pelt's record is a Participant Management record. A separate search for Abby's SHCN record is not necessary; just expand the 'Tree' to see all the Participant Management sections for Abby.
- ✓ Charles Shultz's record is not a Participant Management record; there are no Participant Management sections when this Contact is expanded.



## Basic Demographic Information

To access the screen, select the party name in the MOHSAIC Tree; the party's name is the link. The Demographic screen is used to capture/update the following items.

- Party Name
- Sex
- Date of Birth
- Primary and Secondary Language/Reads or Writes Primary Language
- Race/Country of Birth
- Ethnicity
- Employment
- Social Security Number (SSN)
- Marital Status
- Housing Information
- Living Arrangement
- Years of Education
- Degree
- Highest Level of Education/Current Education Status
- Special Assistance

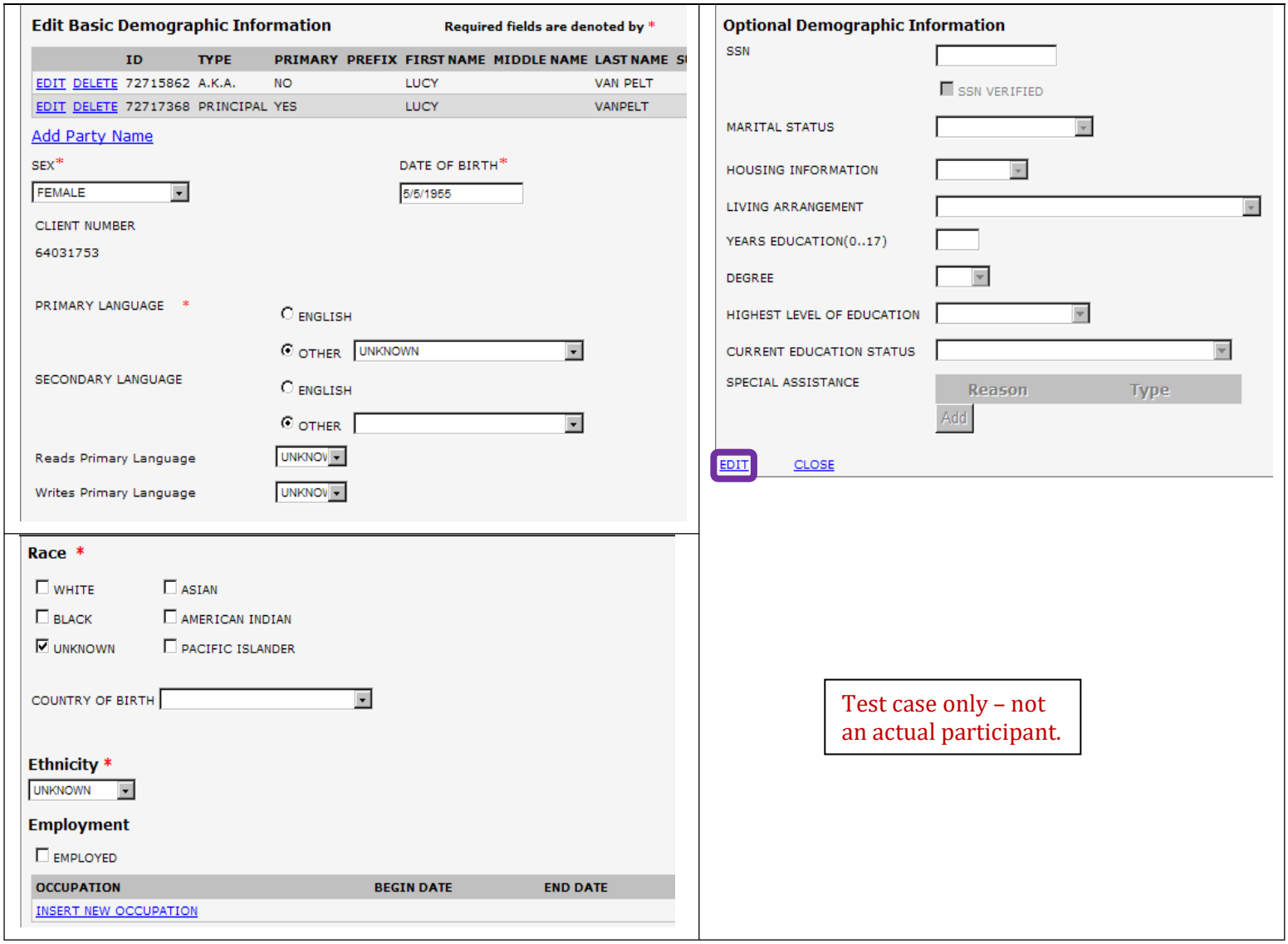


## Basic Demographic Information - Name Edit

If a name is incorrect due to marriage, adoption, typo, etc., a user must:

- Conduct a search,
- Load the name so it is displayed in the tree, and
- Select the party name (it is a link).

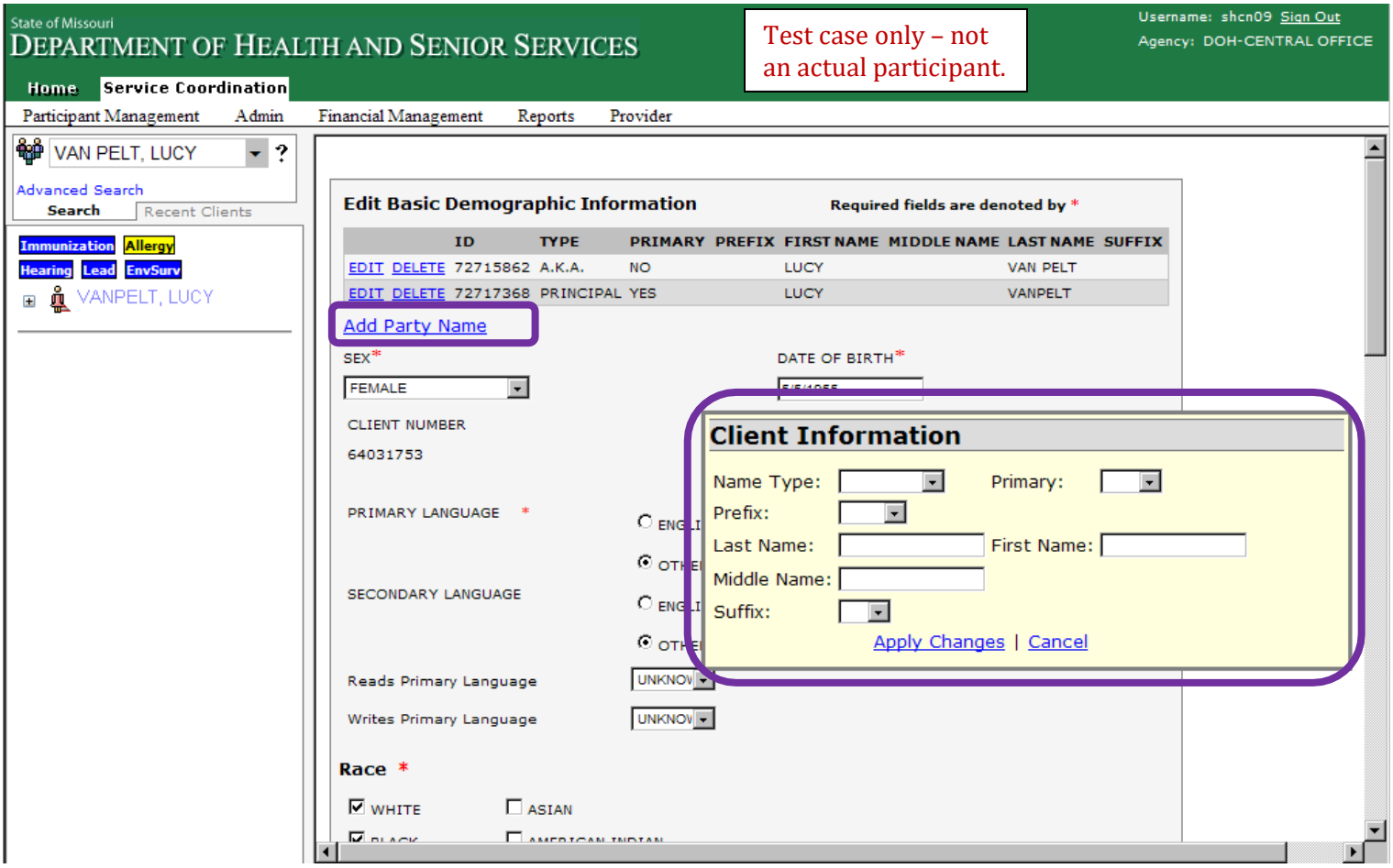
The Basic Demographics Information page will display in the right screen. Scroll to the bottom of the page and select the Edit link.



## Basic Demographic Information – Add Party Name Link

Select the Add Party Name link to update the fields on the Client Information screen.

- A user must have appropriate documentation on file before any changes are entered.
- A change to the primary name must have one entry identified as Principal and Primary for any Report or Letter to print with a name. The correct field selections in the Name Type field are Principal (vs. any other option), and in the Primary field the correct selection is Yes.



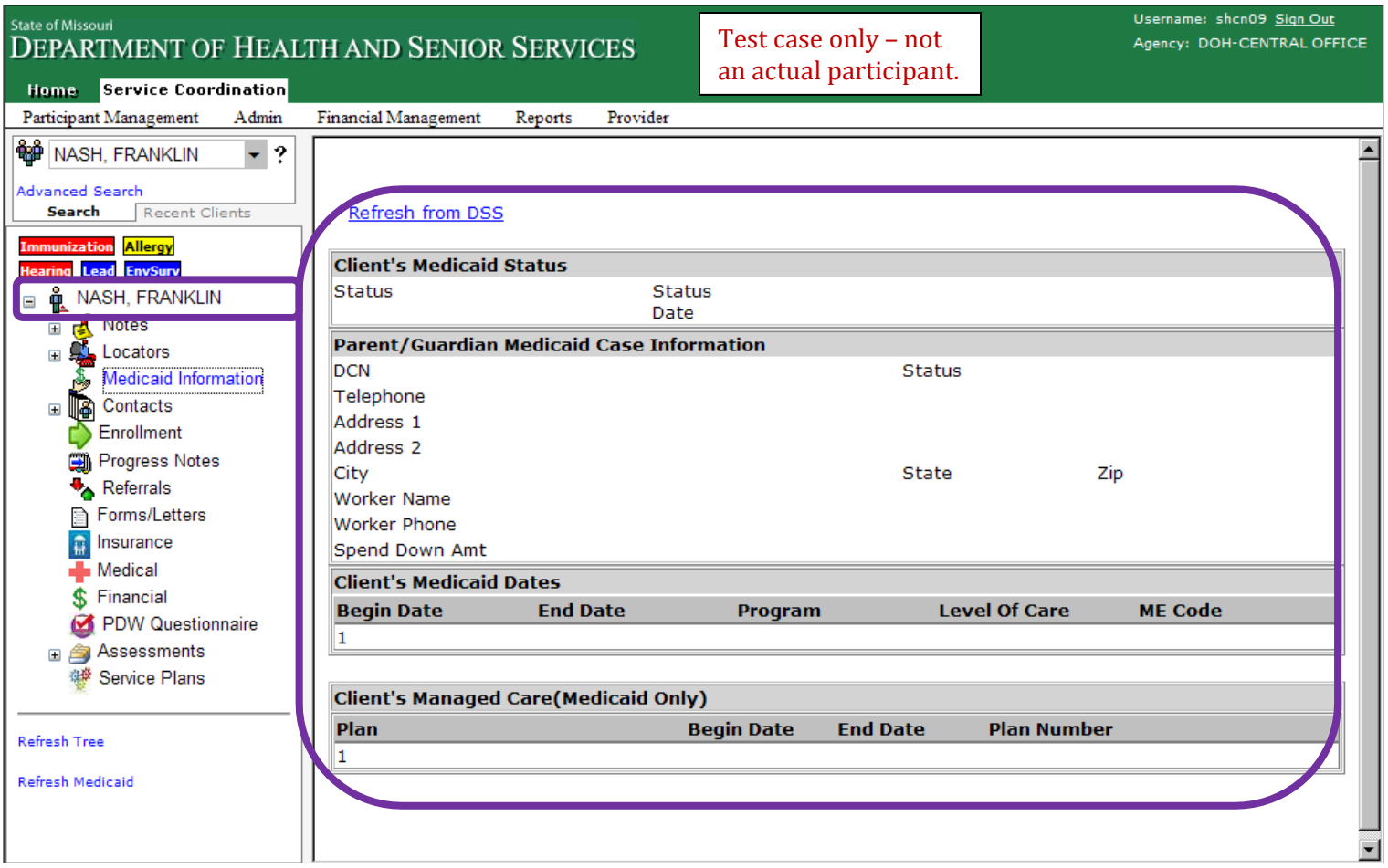

## Notes (on the Tree) - NOT USED BY SHCN

This section of the Tree contains the General Notes link; this link is **not** used by SHCN.

## Medicaid Information

This link is used to determine current MO HealthNet (MHN) information. The date the MHN information was last updated is displayed.

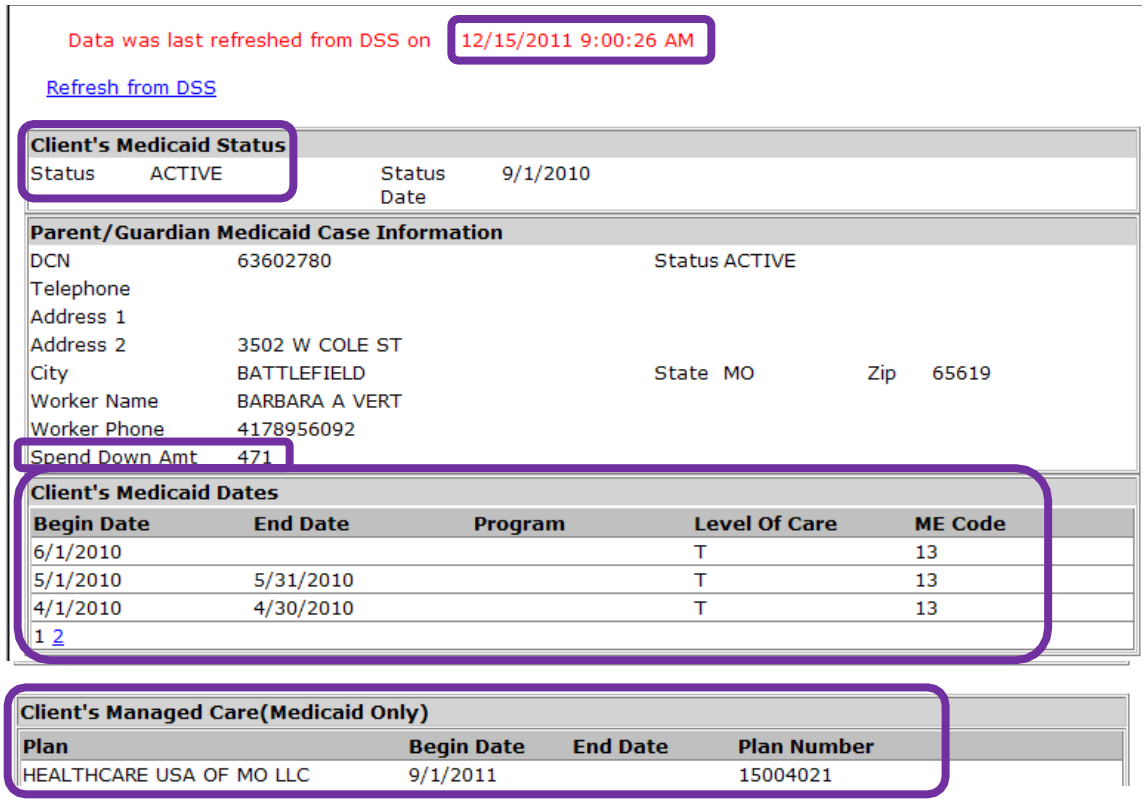
- If the date is not a current date, the MHN information can be refreshed. Select the Refresh from DSS link. The current date and current MHN information will be displayed on the page. There are two (2) links on the page, do not use the Refresh Medicaid link (at the bottom of the page).
- SHCN is charged each time either Refresh link is selected.



## Medicaid Information – Refreshed from DSS

MHN information available is:

- The date and time the MHN information was received from the DSS system.
- MHN status of the party, i.e., active, inactive, application, rejected, etc.
- Parent/Guardian information for the party.
- Spend Down Amount for the party; the amount listed is the amount yet to be incurred for the month, this may or may not be the total Spend Down requirement for the participant.
- The dates of MHN eligibility and the two (2) digit MO HealthNet Eligibility (ME) Code
- The date of MHN Managed Care eligibility for the party, including the plan name.
- If the screen is blank, participant has not applied to MHN.



Data was last refreshed from DSS on 12/15/2011 9:00:26 AM

Refresh from DSS

**Client's Medicaid Status**

Status ACTIVE Status Date 9/1/2010

**Parent/Guardian Medicaid Case Information**

| | | | |
|---|---|---|---|
| DCN | 63602780 | Status ACTIVE | |
| Telephone | | | |
| Address 1 | | | |
| Address 2 | 3502 W COLE ST | | |
| City | BATTLEFIELD | State MO | Zip 65619 |
| Worker Name | BARBARA A VERT | | |
| Worker Phone | 4178956092 | | |
| Spend Down Amt | 471 | | |

**Client's Medicaid Dates**

| Begin Date | End Date | Program | Level Of Care | ME Code |
|---|---|---|---|---|
| 6/1/2010 | | | T | 13 |
| 5/1/2010 | 5/31/2010 | | T | 13 |
| 4/1/2010 | 4/30/2010 | | T | 13 |

1 2

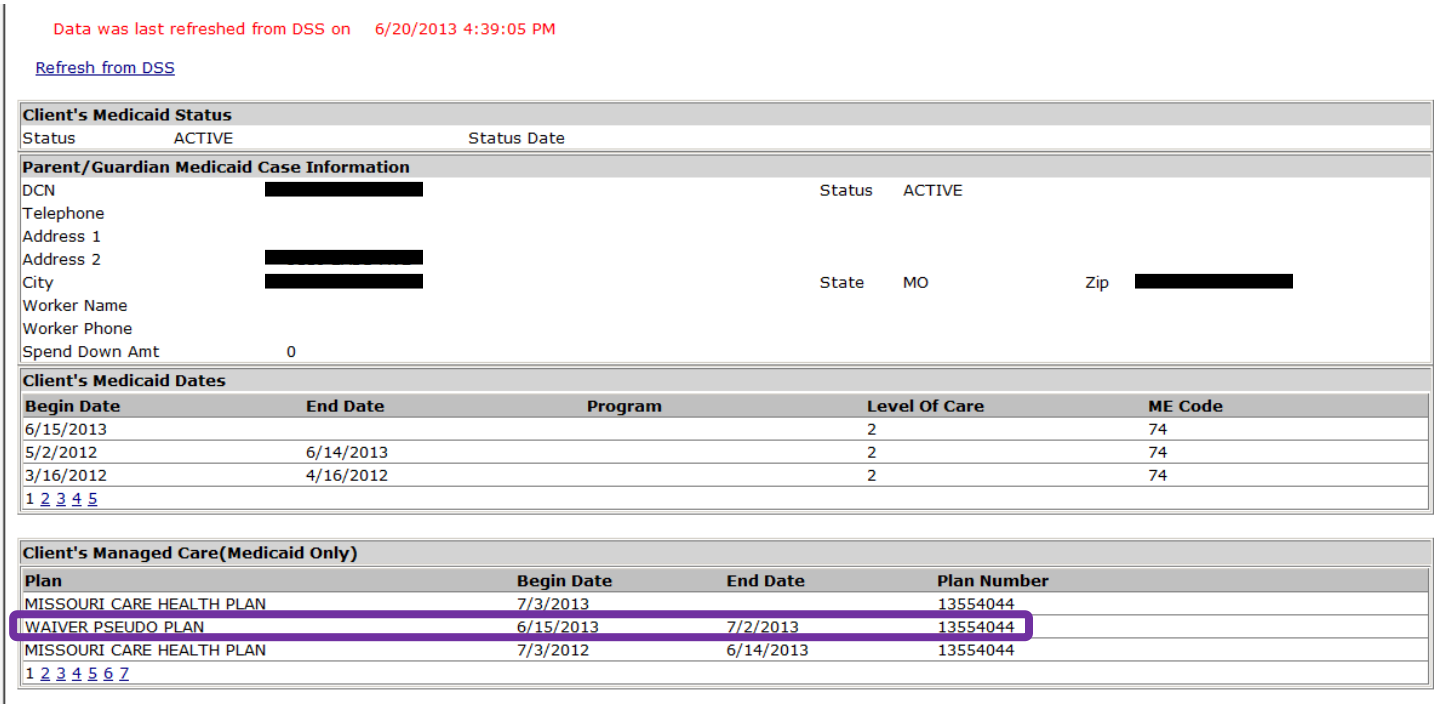
**Client's Managed Care(Medicaid Only)**

| Plan | Begin Date | End Date | Plan Number |
|---|---|---|---|
| HEALTHCARE USA OF MO LLC | 9/1/2011 | | 15004021 |

Test case only – not an actual participant.

## Medicaid Information – Managed Care Statements

- The Managed Care company/plan name indicates a participant is enrolled in that specific Managed Care company/plan.
- The MC+ Opt Out statement indicates a participant has chosen to change from a Managed Care enrollment with MHN to a Fee for Service enrollment with MHN.
- A Waiver Pseudo Plan statement indicates a participant is in transition between the Managed Care coverage to the Fee for Service coverage with MHN. This label signifies the participant is paying a premium to be eligible for Fee for Service enrollment with MHN. This transition period can last up to fifteen. (15) days.



Data was last refreshed from DSS on 6/20/2013 4:39:05 PM

Refresh from DSS

**Client's Medicaid Status**

Status ACTIVE Status Date

**Parent/Guardian Medicaid Case Information**

DCN [redacted] Status ACTIVE
Telephone
Address 1
Address 2 [redacted]
City [redacted] State MO Zip [redacted]
Worker Name
Worker Phone
Spend Down Amt 0

**Client's Medicaid Dates**

| Begin Date | End Date | Program | Level Of Care | ME Code |
|---|---|---|---|---|
| 6/15/2013 | | | 2 | 74 |
| 5/2/2012 | 6/14/2013 | | 2 | 74 |
| 3/16/2012 | 4/16/2012 | | 2 | 74 |

1 2 3 4 5

**Client's Managed Care(Medicaid Only)**

| Plan | Begin Date | End Date | Plan Number |
|---|---|---|---|
| MISSOURI CARE HEALTH PLAN | 7/3/2013 | | 13554044 |
| WAIVER PSEUDO PLAN | 6/15/2013 | 7/2/2013 | 13554044 |
| MISSOURI CARE HEALTH PLAN | 7/3/2012 | 6/14/2013 | 13554044 |

1 2 3 4 5 6 7

## Last Modified By

Entry is completed by the system (no user can enter/alter the information). The field records the name and user ID of the person who did the last screen edits; it also records when the edit occurred (date and time) OR if the 'save' link was selected vs. the 'cancel' link.

. Last Modified By: TEST, SHCN NINE (SHCN09) On 10/28/2011 12:58:45 PM

## Hot Buttons

These links (above a party name in the tree) give only brief summaries from the Public Health Profile (PHP) sources.


## Public Health Profile (PHP)

This link is an expanded look for SHCN users (vs. Hot Button information) about immunizations, allergies, hearing, and environmental lead or other environmental test results. The view is an 'inquiry' only.

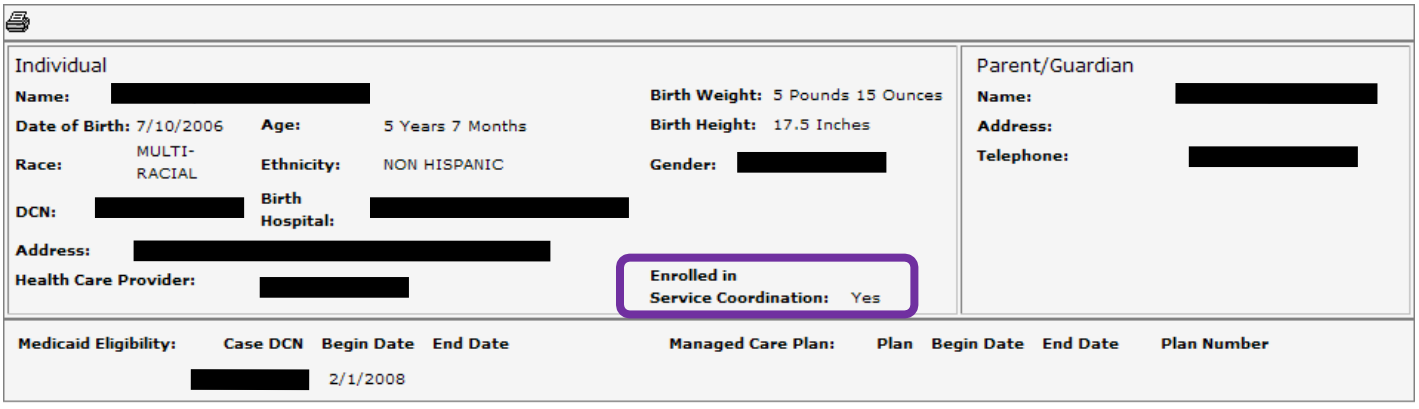

## Public Health Profile (PHP) – Enrolled in Service Coordination Field

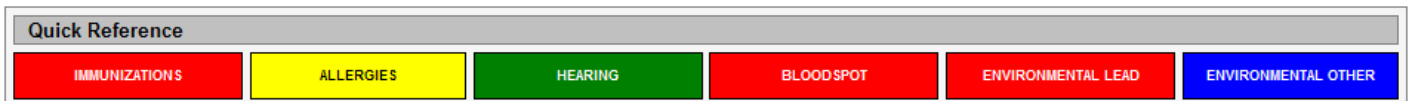
The Enrolled in Service Coordination field provides other DHSS users with knowledge that the party is involved with SHCN.

The Quick Reference section of the PHP screen provides an expanded view for each topic:

- Immunizations
- Allergies
- Hearing
- Blood Spot
- Environmental Lead
- Environmental Other

Select the specific area and the screen will be redirected to that portion of the PHP.



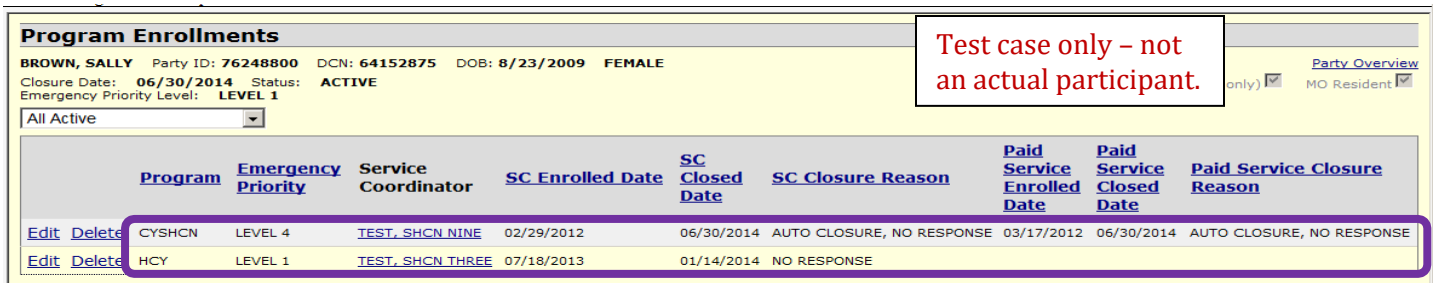
## Participant Management

After a selection is made, the 'tree' populates with Participant Management icons, i.e., Enrollment, Medical, Financial, Progress Notes, etc. Users should verify search results are a match (name, date of birth, etc.) to the party that was searched.

## Enrollment - Service Coordination

Initially all program referrals are enrolled in Service Coordination (with appropriate documentation per program specific requirements); Paid Service program enrollment occurs if all program requirements are met.

- SC Active field is the date a party is active in Service Coordination and assigned a Service Coordinator. The MFAW Program, Service Coordination enrollment, effective date is equal to the recommendation date on the MFAW Questionnaire.
- SC Closure Date field is a future closure date automatically populated based on a referral date; if no screen activity occurs in one hundred eighty (180) days the party automatically closes (excluding MFAW).
  - ✓ For HCY the field automatically populates with the day before the 21st birth date.
  - ✓ For CYSHCN the field automatically populates with the day before the 21st birth date.
  - ✓ For ABI the field automatically populates with the day before the 65th birth date.
  - ✓ There is no automated entry for MFAW.
- SC Closure Reason field is a future closure reason and automatically defaults to the appropriate closure reason based on entry, i.e., 'auto closure, referral or no response'. If a participant should be closed prior to the automated closure, the user must enter the correct closure date and the appropriate closure reason.
- One (1) enrollment line per program; each program may be actively enrolled in Service Coordination and/or Paid Services.




- HCY Program or MFAW Program:
  - ✓ Service Coordination enrollment allows a Service Coordinator to conduct a home visit to determine medical necessity, obtain required forms, determine if in-home services will be approved and the at what level in-home services will be authorized, and a participant/responsible party to make a provider selection.
  - ✓ Paid Service enrollment allows Service Plan entry for the approved/authorized in-home service.

CYSHCN Program:

- ✓ Service Coordination enrollment allows a Service Coordinator to conduct a home visit, obtain required forms, obtain required medical information, and obtain required financial information.
- ✓ Paid Service enrollment allows Service Plan entry for approved/authorized services.

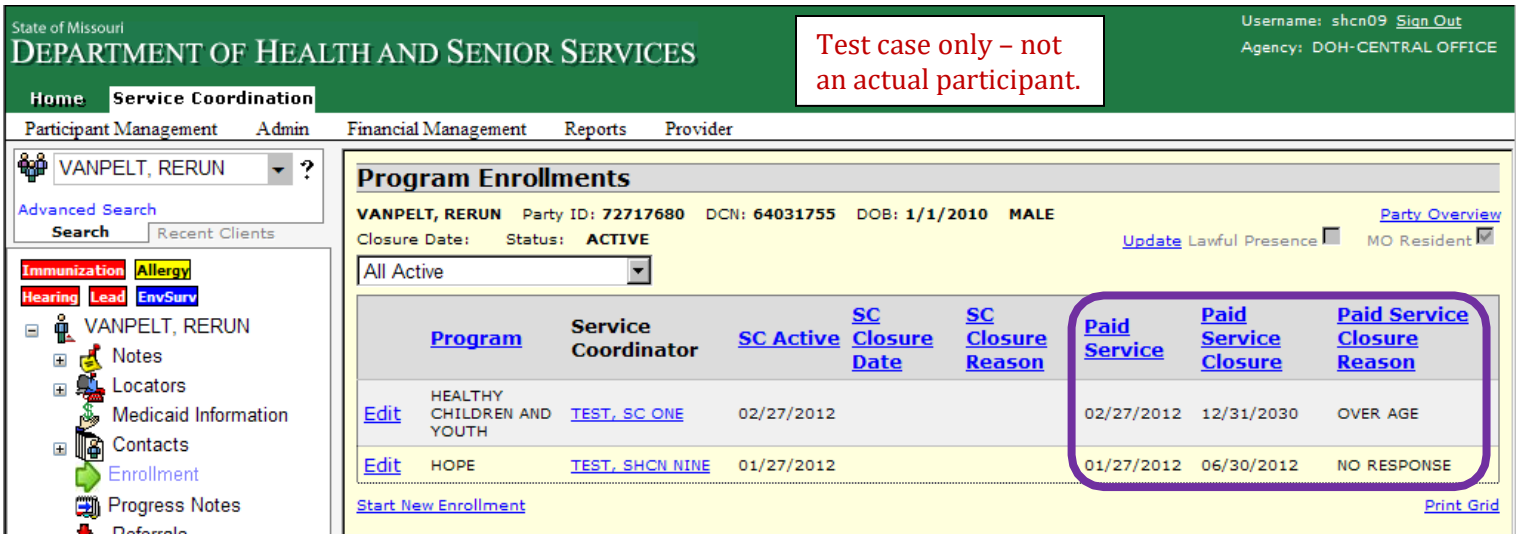
ABI Program:

- ✓ Service Coordination enrollment allows a Service Coordinator to conduct a home visit, obtain required forms, obtain required medical information, and obtain required financial information.
- ✓ Paid Service enrollment allows for the participant to be placed on the ABI Wait List. When the participant is eligible to receive rehabilitation service, this level of enrollment allows Service Plan entry for approved/authorized rehabilitation services.

## Enrollment - 'Paid Service' Programs

If program requirements are met, Paid Service program enrollment occurs.

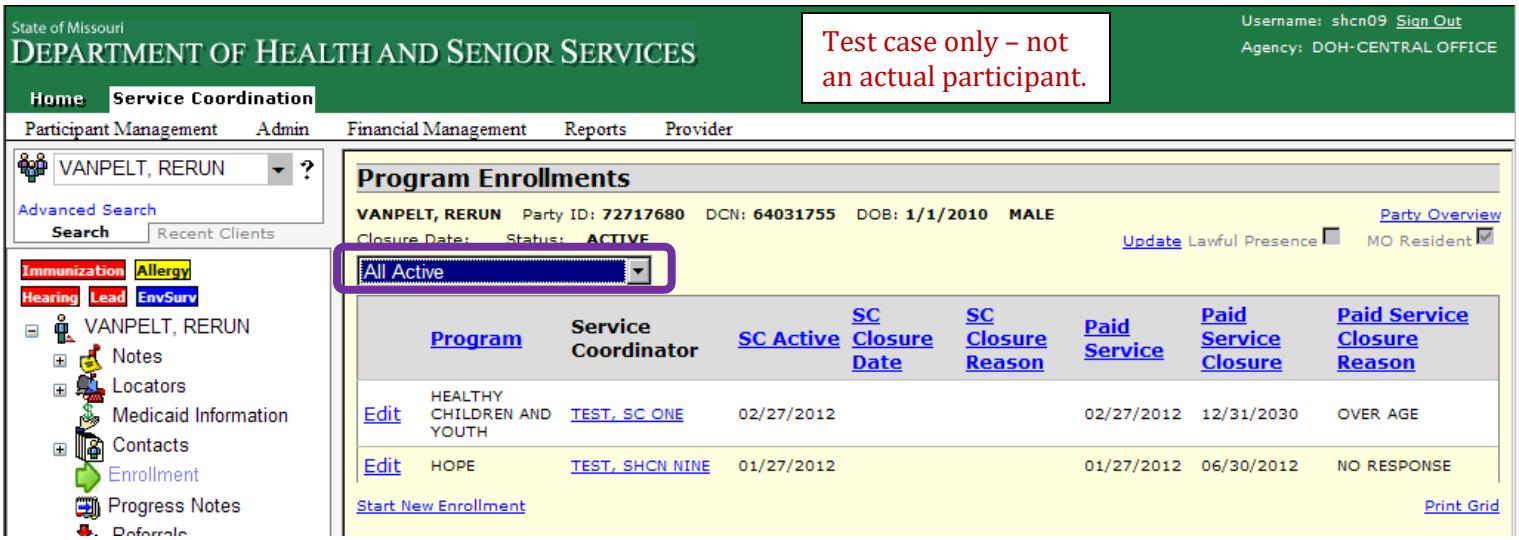
- Paid Service field is a date the party is enrolled in a Paid Service program.
- The system will automatically populate a future closure date and reason.
- Paid Service Closure Date field is a future closure date based on a Paid Service date.
  - ✓ CYSHCN or ABI is a future closure date, which is the last day of the current State fiscal year or the day the participant ages out.
  - ✓ HCY is the day before the twenty-first (21st) birthday.
  - ✓ MFAW does not have an automated future closure entry.
- Paid Service Closure Reason field automatically defaults to the correct reason, i.e., CYSHCN or ABI is 'no response'; HCY is 'overage'.
- Paid Service Closure Date/Reason field entry **does not automatically close** a Service Coordination record for a party. A party is still active in Service Coordination until a closure date/reason is manually entered on the corresponding Service Coordination record.



## Enrollment – Sort and Sort Options

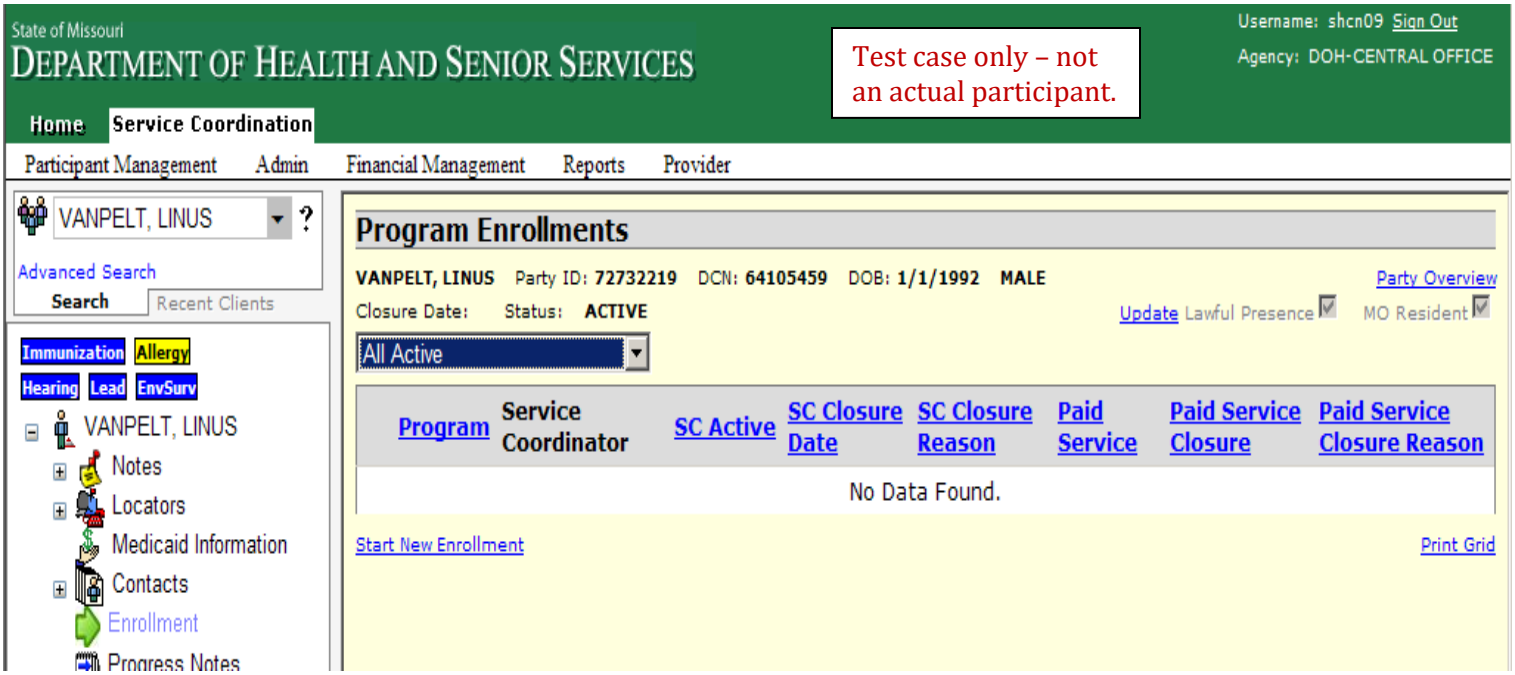
All program enrollments can be sorted by selecting an option from the drop-down box. The ten (10) sort options are:

- All Active
- All Historical
- ABI with Paid Service
- ABI without Paid Service
- CYSHCN with Paid Service
- CYSHCN without Paid Service
- HCY with Paid Service
- HCY without Paid Service
- MFAW with Paid Service
- MFAW without Paid Service




## Enrollment – Start New Enrollment Link

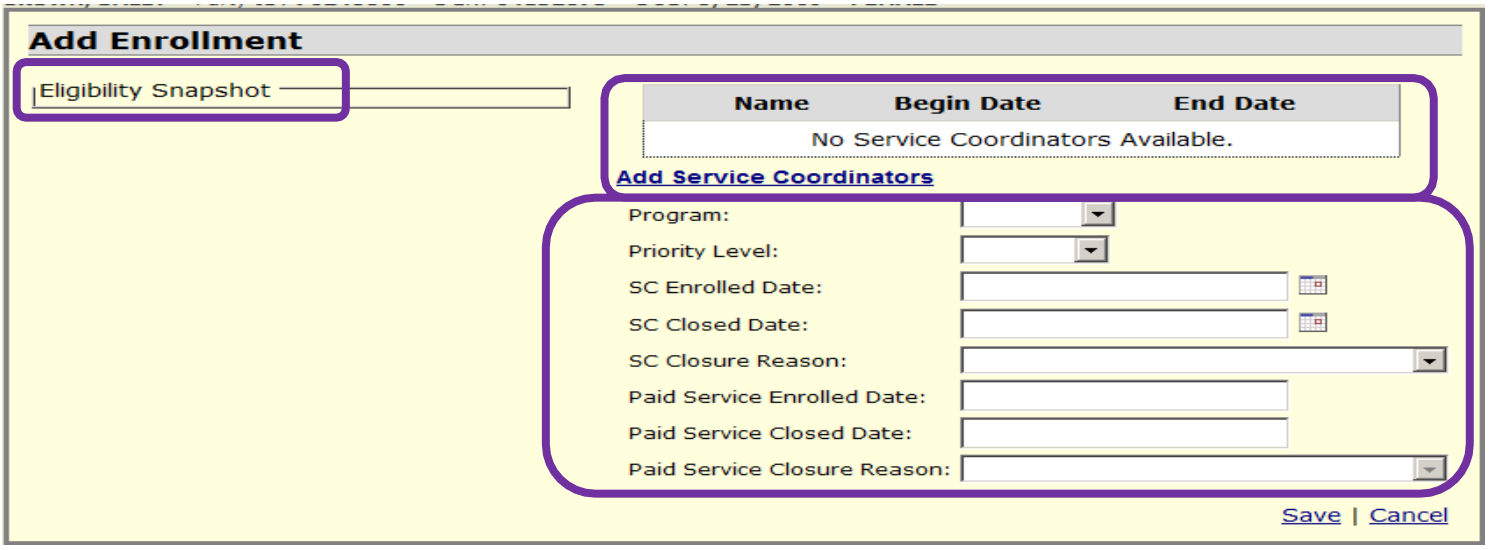
To begin an enrollment, select the Start New Enrollment Link at the bottom of the Program Enrollments screen.




## Enrollment – Add Enrollment Screen

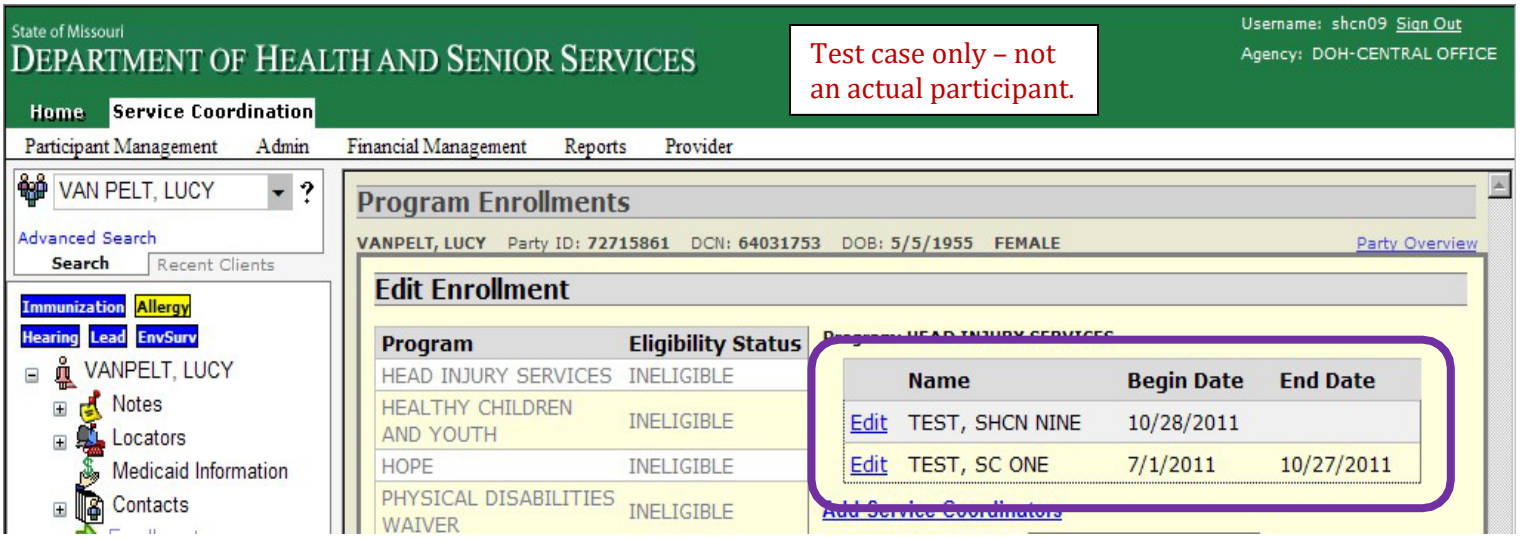
The Add Enrollment screen will display three (3) sections that are immediately visible:

- Eligibility Snapshot
- Service Coordinator Association
- Program Enrollment/Closure Information




## Enrollment – Add Enrollment Screen – Service Coordinator Association

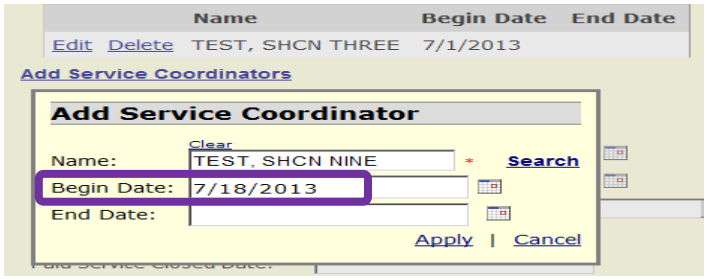
Every record, Service Coordination or Paid Service, is assigned a Service Coordinator name (and date). To begin any Program enrollment, Service Coordination or Paid Service, a user must complete the Service Coordinator Association.



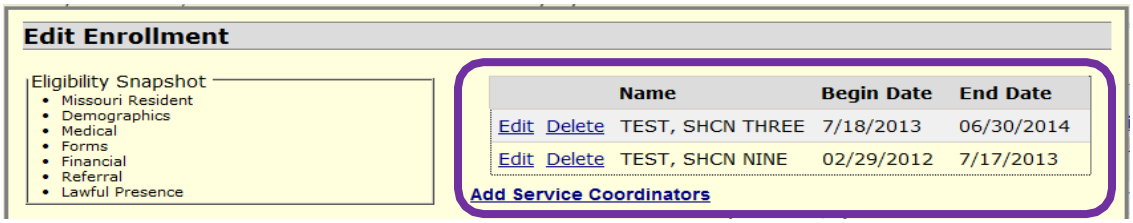
## Enrollment – Add Enrollment Screen – Service Coordinator Association (continued)

Service Coordinator association has two (2) date fields (Begin Date and End Date) to define a period of time a Service Coordinator is associated to a party record.

- To initially associate a Service Coordinator or make a change, select the Edit link in the Service Coordinator name field on the Enrollment screen.
- Type the Service Coordinator name and select the 'search' link.
- The system will conduct a search to locate the Service Coordinator name; the name must be selected from the search results.
- Enter the date the Service Coordinator should be associated to the participant.
  - ✓ The date the referral was received for an initial Service Coordination enrollment should entered.
  - ✓ To associate a new Service Coordinator, search for the Service Coordinator name, select the appropriate Service Coordinator name, and enter a Begin Date.
  - ✓ Service Coordinator names will automatically have an End Date field update when a closure on the Service Coordination record occurs.
  - ✓ Historical Service Coordinator associations are recorded as changes transpire.

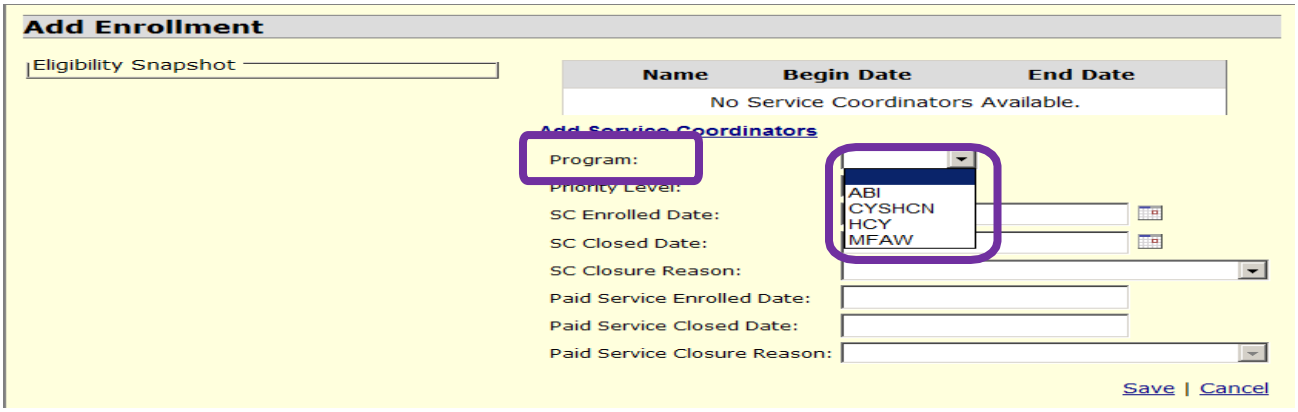




- When a participant transfers from one Service Coordinator to another, the new Service Coordinator association will complete the 'end date' field of the previous Service Coordinator. The date the referral was received for an initial Service Coordination enrollment should entered.
  - ✓ Example: Peppermint Patty transfers the participant to Marcie McIntire on 7/1. Peppermint Patty's 'end date' entry will automatically be 6/30 and it will be entered when Marcie's association is entered with a begin date of 7/1.



## Enrollment – Add Enrollment Screen – Program

Each Service Coordination or Paid Service enrolled participant shall have a Program assignment. Users must select the appropriate program from the drop-down list.




## Enrollment – Add Enrollment Screen – Eligibility Snapshot

Eligibility Snapshot lists programmatic (business rule) requirements and indicates when system entry is completed.

- Every enrollment requirement must be entered electronically before a Paid Service program enrollment can be established; the 'bold' font designates when a requirement has not been entered/met.
- When all Eligibility Snapshot (program) requirements are entered, the Enrolled Date, Closed Date and Closure Reason fields are enabled.

ABI

Eligibility Snapshot

- **Missouri Resident: The client is not a Missouri resident.**
- **Demographics: The client's age is less than 21.**
- **Lawful Presence: The client has not supplied proof of Lawful Presence.**
- **Medical: No ABI SCREENER FORM is on file and reviewed within the past 6 months.**
- **Referral: The client must have an Incoming Referral dated within the six months prior to the enrollment.**
- **Forms: CC-1 forms should be signed and dated.**
- **Financial: No financial information has been supplied.**

CYSHCN

Eligibility Snapshot

- **Missouri Resident: The client is not a Missouri resident.**
- Demographics
- **Medical: The client has no ICD9 codes making them eligible for this program, and no CYSHCN SCREENER FORM is on file and reviewed within the past 6 months.**
- **Forms: CC-1 forms should be signed and dated.**
- **Financial: No financial information has been supplied.**
- **Referral: The client must have an Incoming Referral dated within the six months prior to the enrollment.**
- Lawful Presence

HCY

Eligibility Snapshot

- Missouri Resident
- **Demographics: The client's age is greater than 21.**
- **Medicaid: Not valid due to MO HealthNet status.**
- **Referral: The client must have an Incoming Referral dated within the six months prior to the enrollment. (SC Enrollment date has not been saved yet so assuming today is the SC enrollment date.)**
- **Forms: CC-1 within one year before enrollment -OR- Paid Service Enroll Date within 14 days of Authorization Begin Date - SNV Referral Letter form in 14 days before or 14 days after enrollment date - None of these requirements were met. If this enrollment becomes a paid service enrollment, one of these requirements must be met.**

MFAW

Eligibility Snapshot

- **Missouri Resident: The client is not a Missouri resident.**
- **Demographics: The client's age is less than 21.**
- **Referral: The client must have an Incoming Referral dated within the six months prior to the enrollment.**
- **Forms: The participant must have scored 21 or greater on the Level Of Care Determination forms since 01/18/2013.**
- **Forms: Client Choice Statement form should be signed and dated since 01/18/2013.**
- **Medicaid: Not valid due to MO HealthNet status.**
- **MFAW Recommendation: The client has no MFAW Recommendation.**
- **PDN Eligible: The client is not eligible to recieve PDN services.**
- **Living in Facility: The client must not be living in any type of facility.**
- **Receiving Services: The client must not be receiving services thru another waiver.**
- **Requires Medical Care: The client must require medical care equivalent to the level of care received in an ICF-MR.**
- **Maintain Cost Effective Care: The client must not be able to maintain cost-effective alternative care at the ICF-MR level.**
- **MFAW Program Manager Approval: MFAW Recommendation must be approved by a MFAW Program Manager.**

## Enrollment – Add Enrollment Screen - Emergency Priority Level

Each Service Coordination (SC) or Paid (PD) Service enrolled participant shall have a Priority Level assignment. Based on professional judgment Service Coordinators may assign a higher priority level than the definitions provided. The definition for each level is:

Level 1

- MFAW (All)
- Electronic Dependent (vent, 1x daily use of electronic device, i.e., vent, suction, nebulizer, chest physiotherapy (cpt) vests)
- PDN (20-24 hours any given day of the week)

Level 2

- PDN (Not included priority #1)
- Electronic Dependent (Less than daily)

Level 3

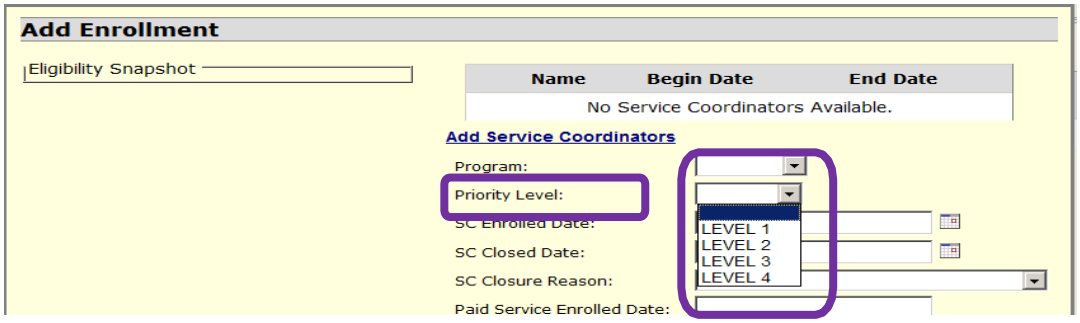
- PCA (all)

Level 4

- All other HCY Categories (ST SNV, LT SNV)
- CYSHCN (SC or PD Service Enrolled)
- ABI (SC or PD Service Enrolled)
- HCY (SC enrolled)

For any dually enrolled participants, the HCY or MFAW default priority rating will trump the ABI or CYSHCN priority rating. Display of the Priority Level Assignments is displayed on the following screens:

- Enrollment Record
- Enrollment Summary Grid
- Enrollment Print Grid
- Participant Overview Page

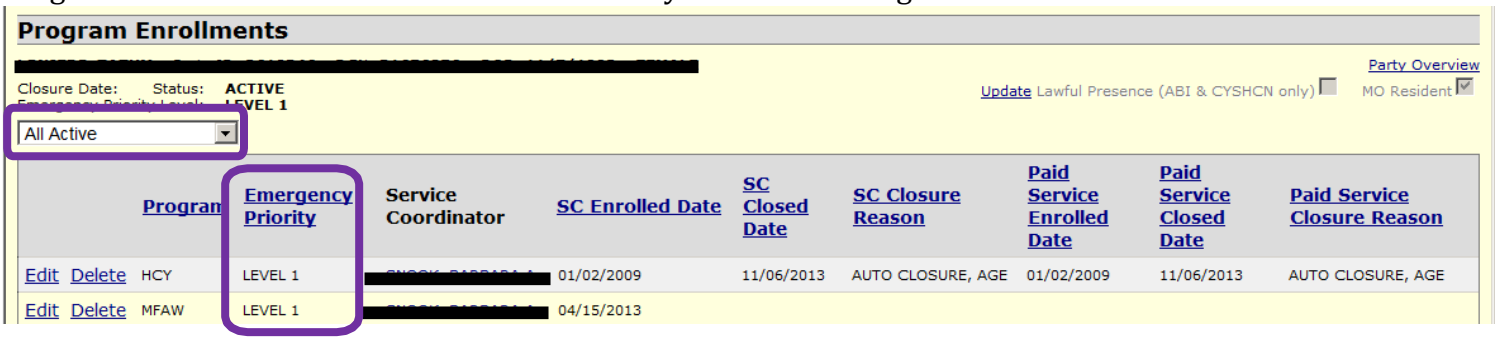



A dual enrolled participant (HCY and CYSHCN) will list the Emergency Priority Level assigned by each individual program on each program row on the summary page.

However, the priority level display in the static header, Emergency Priority Level field will default to Emergency Priority Level assigned by the HCY or MFAW program.

Example, if the participant is enrolled in the HCY and CYSHCN program the priority level is the level appropriate to the HCY program.

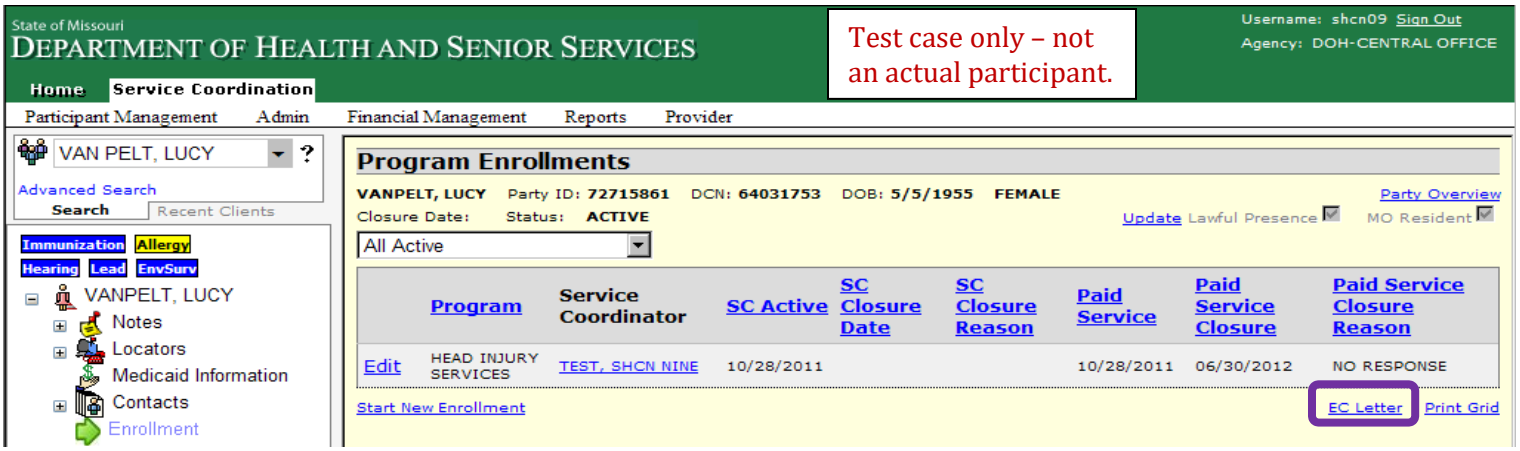
**For HCY ONLY**: When there is a reason to change the Priority Score, documentation of the assessment that supports the change and that Priority Score was changed from X to XX should appear in either the SCA or the Progress Note related to the time that the Priority Score was changed.

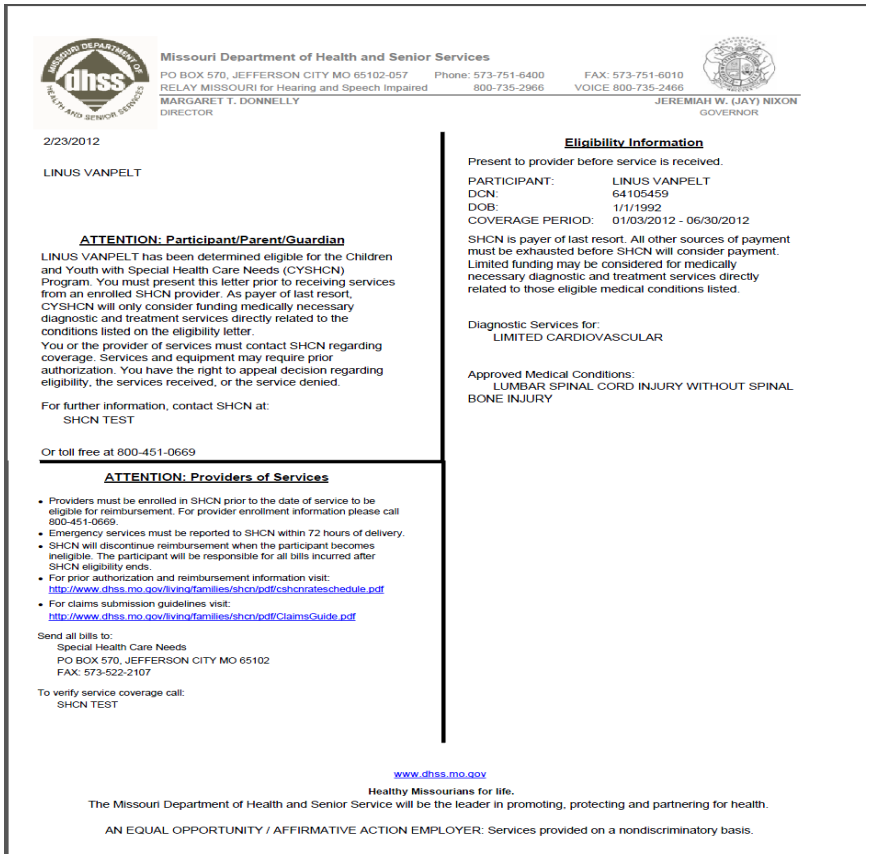


# Enrollment - Eligibility Card Print for CYSHCN Program

When a Paid Service enrollment is determined for the CYSHCN program, the participant/family shall receive an Eligibility Card with the SHCN approval. The Program Effective Date and Anticipated Program Expiration Date fields are entered, indicating the approval period.

If the participant is dual enrolled (active in more than one program, i.e. CYSHCN and HCY) the user must select the row of the program (CYSHCN) for the EC Letter link to become visible.



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RELAY MISSOURI for Hearing and Speech Impaired 800-735-2966 VOICE 800-735-2466
MARGARET T. DONNELLY, DIRECTOR
JEREMIAH W. (JAY) NIXON, GOVERNOR

2/23/2012

LINUS VANPELT

**ATTENTION: Participant/Parent/Guardian**

LINUS VANPELT has been determined eligible for the Children and Youth with Special Health Care Needs (CYSHCN) Program. You must present this letter prior to receiving services from an enrolled SHCN provider. As payer of last resort, CYSHCN will only consider funding medically necessary diagnostic and treatment services directly related to the conditions listed on the eligibility letter.
You or the provider of services must contact SHCN regarding coverage. Services and equipment may require prior authorization. You have the right to appeal decision regarding eligibility, the services received, or the service denied.

For further information, contact SHCN at:
SHCN TEST

Or toll free at 800-451-0669

**ATTENTION: Providers of Services**

- Providers must be enrolled in SHCN prior to the date of service to be eligible for reimbursement. For provider enrollment information please call 800-451-0669.
- Emergency services must be reported to SHCN within 72 hours of delivery.
- SHCN will discontinue reimbursement when the participant becomes ineligible. The participant will be responsible for all bills incurred after SHCN eligibility ends.
- For prior authorization and reimbursement information visit: http://www.dhss.mo.gov/living/families/shcn/pdf/cshcnrateschedule.pdf
- For claims submission guidelines visit: http://www.dhss.mo.gov/living/families/shcn/pdf/ClaimsGuide.pdf

Send all bills to:
Special Health Care Needs
PO BOX 570, JEFFERSON CITY MO 65102
FAX: 573-522-2107

To verify service coverage call:
SHCN TEST

**Eligibility Information**

Present to provider before service is received.

PARTICIPANT: LINUS VANPELT
DCN: 64105459
DOB: 1/1/1992
COVERAGE PERIOD: 01/03/2012 - 06/30/2012

SHCN is payer of last resort. All other sources of payment must be exhausted before SHCN will consider payment. Limited funding may be considered for medically necessary diagnostic and treatment services directly related to those eligible medical conditions listed.

Diagnostic Services for:
LIMITED CARDIOVASCULAR

Approved Medical Conditions:
LUMBAR SPINAL CORD INJURY WITHOUT SPINAL BONE INJURY

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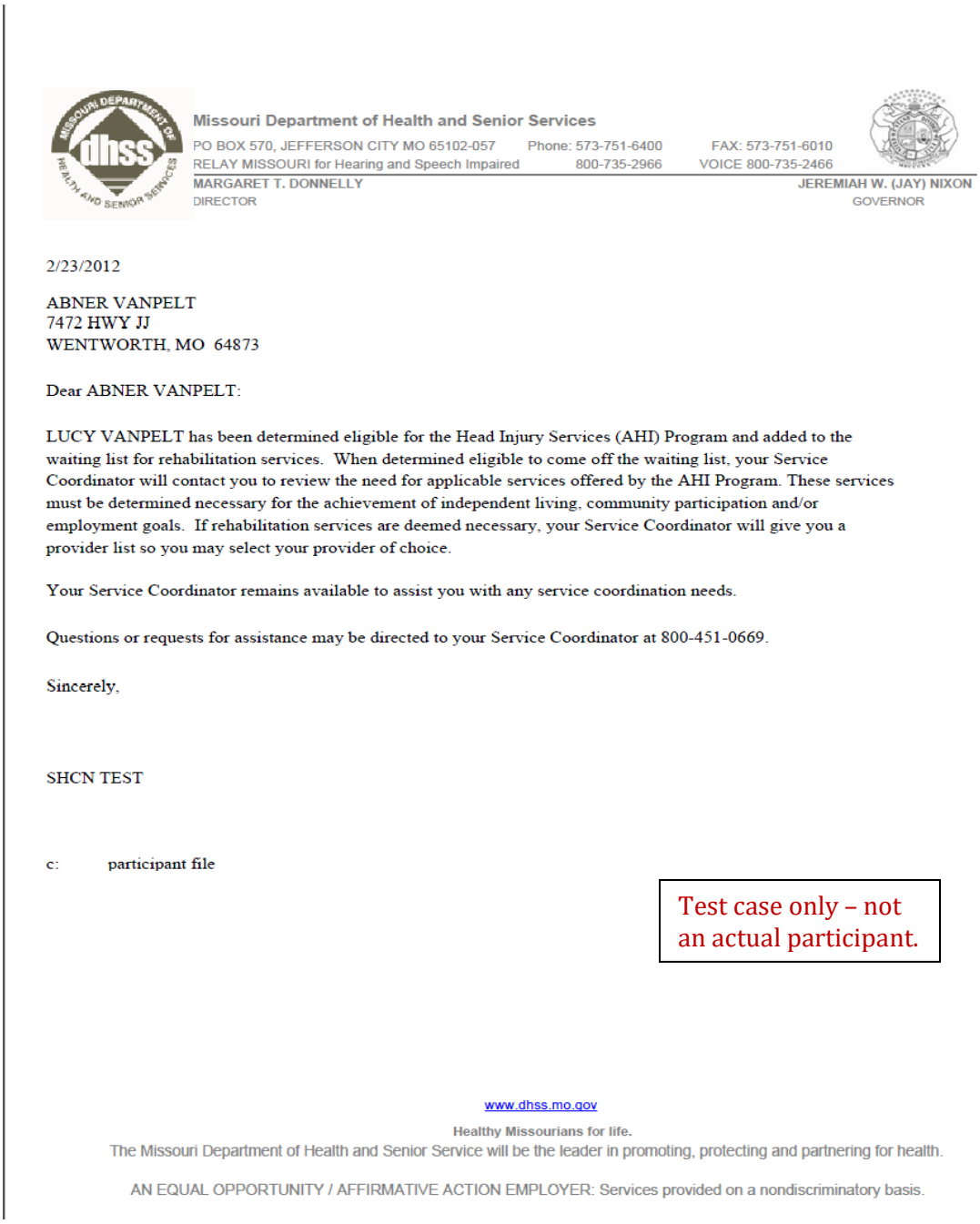
# Enrollment - Acknowledgement Letter Print for ABI Program

When a Paid Service enrollment is completed for the ABI program, the participant/family shall receive an Acknowledgement Letter. If the participant is dual enrolled (active in more than one program, i.e., ABI and MFAW) the user must select the row of the program (ABI) for the EC Letter link to become visible.



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MARGARET T. DONNELLY, DIRECTOR
JEREMIAH W. (JAY) NIXON, GOVERNOR

2/23/2012

ABNER VANPELT
7472 HWY JJ
WENTWORTH, MO 64873

Dear ABNER VANPELT:

LUCY VANPELT has been determined eligible for the Head Injury Services (AHI) Program and added to the waiting list for rehabilitation services. When determined eligible to come off the waiting list, your Service Coordinator will contact you to review the need for applicable services offered by the AHI Program. These services must be determined necessary for the achievement of independent living, community participation and/or employment goals. If rehabilitation services are deemed necessary, your Service Coordinator will give you a provider list so you may select your provider of choice.

Your Service Coordinator remains available to assist you with any service coordination needs.

Questions or requests for assistance may be directed to your Service Coordinator at 800-451-0669.

Sincerely,

SHCN TEST

c: participant file

Test case only – not an actual participant.

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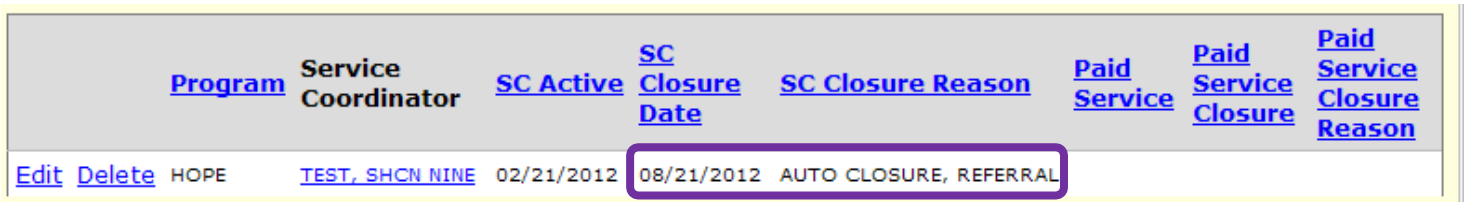
## Enrollment – Service Coordination (SC) - Automated Closure Date/Reason

The system inputs an automated closure date and closure reason based on program rules. Closure dates and closure reasons can be manually updated. For example:

- CYSHCN program, ABI program or HCY program Service Coordination enrollments will automatically close without additional screen entry requirements, according to program requirements, being met, i.e.,
  - ✓ Referral (within the past six (6) months),
  - ✓ Forms/Letters (sent, received, and signed enrollment form, cc1), and
  - ✓ Medical (medically eligible diagnosis).
- The system will not display an automated closure entry for a Service Coordination enrollment in the MFAW program.

An automated closure reason is removed by the system when **all** additional screen entry requirements are met. A participant can remain in Service Coordination enrollment if they continue to meet the eligibility criteria. When a CYSHCN or ABI participant is financially eligible, a participant should then be enrolled in a Paid Service enrollment.



| | Program | Service Coordinator | SC Active | SC Closure Date | SC Closure Reason | Paid Service | Paid Service Closure | Paid Service Closure Reason |
|---|---|---|---|---|---|---|---|---|
| Edit Delete | HOPE | TEST, SHCN NINE | 02/21/2012 | 08/21/2012 | AUTO CLOSURE, REFERRAL | | | |

## Enrollment – Paid Service (PD) - Automated Closure Date/Reason

System inputs an automated closure date and closure reason based on program rules. Closure dates and closure reasons can be manually updated. For example:

- CYSHCN program or ABI program Paid Service enrollment is maintained from fiscal year to the next fiscal year. If there is no change in entry, the participant will automatically close at the end of the current fiscal year, i.e., Annual Financial Eligibility Review (AFER).
- CYSHCN program or ABI program enrollments (Service Coordination or Paid Service) until the day before significant birthdays, i.e., for CYSHCN enrollments the 18th birthday because of 'lawful presence' or 21st birthday because of 'overage'; for ABI enrollments the 65th birthday because of overage'.
- HCY program Paid Service enrollment is retained until a participant is twenty-one (21), so the automated closure date is the day before the participants twenty-first (21st) birthday with a closure reason of 'overage'. Similar entry is used for CYSHCN participants turning twenty-one (21) or ABI participants turning sixty-five (65).
- The system will not display an automated closure entry for a Paid Service enrollment in the MFAW program.

## Enrollment – Paid Service (PD) - Automated Closure Date/Reason (continued)

For CYSHCN and ABI participants, an automated closure reason is updated by the system when screen entry requirements are met, i.e., a Financial screen update meets annual program requirement, or a CYSHCN and ABI participant will be overage for program enrollment within the fiscal year.

| | Program | Service Coordinator | SC Active | SC Closure Date | SC Closure Reason | Paid Service | Paid Service Closure | Paid Service Closure Reason |
|---|---|---|---|---|---|---|---|---|
| Edit Delete | HEAD INJURY SERVICES | TEST, SHCN NINE | 10/28/2011 | | | 10/28/2011 | 06/30/2012 | NO RESPONSE |

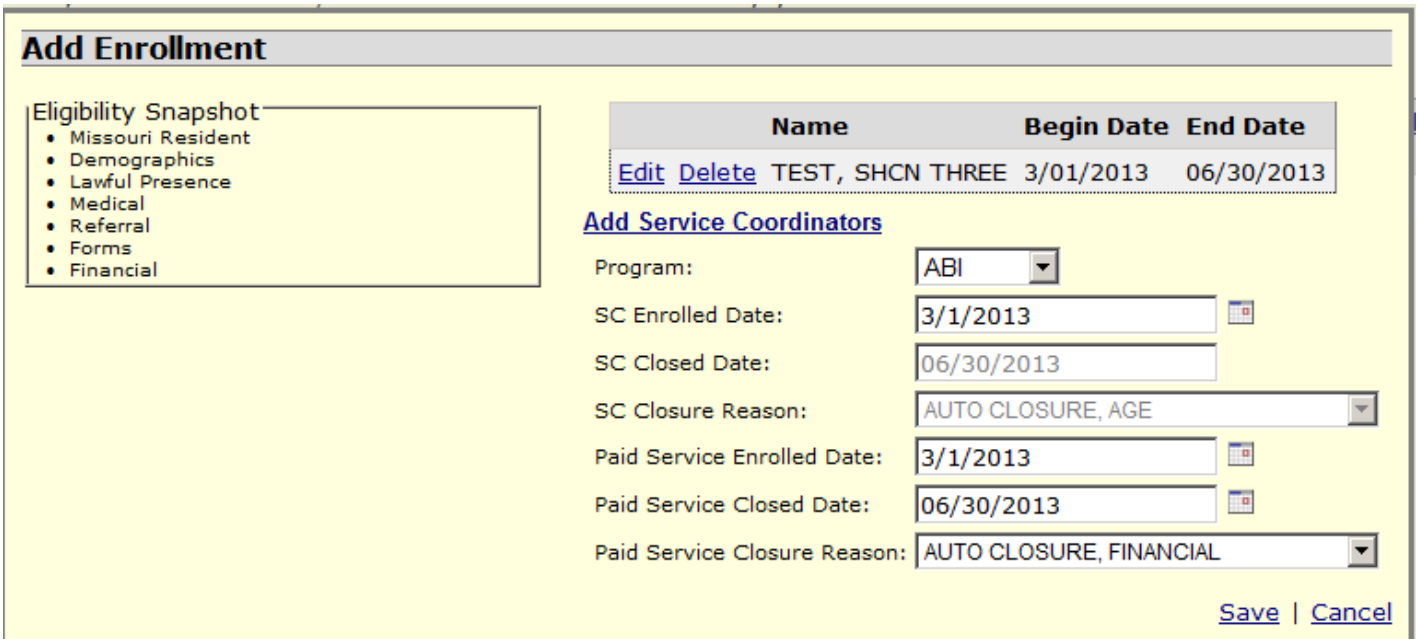
| | Program | Service Coordinator | SC Active | SC Closure Date | SC Closure Reason | Paid Service | Paid Service Closure | Paid Service Closure Reason |
|---|---|---|---|---|---|---|---|---|
| Edit Delete | HOPE | TEST, SHCN NINE | 02/21/2012 | 05/21/2012 | OVER AGE | | | |
| Edit Delete | HEALTHY CHILDREN AND YOUTH | TEST, SHCN NINE | 02/21/2012 | | | 02/21/2012 | 05/21/2012 | OVER AGE |

## Enrollment – Manual Closure

Manual closures for either a Service Coordination or Paid Service enrollment can occur anytime a participant record needs to be closed. If automated closure entry (date/reason) is not the actual date/reason, then the automated entry can be manually updated, i.e., MHN eligibility ended April 23, but the automated closure date entry is the current date of April 27; the user can manually change the closure date/reason to accurately reflect the closure action.

To complete a manual closure, access the Enrollment/Edit screen and update the Closure Date and Closure Reason fields to the appropriate closure date and closure reason.

A manual closure of a participant enrolled at a Paid Service enrollment level will automatically change the Service Coordination enrollment information to match the Paid Service closure date and reason.

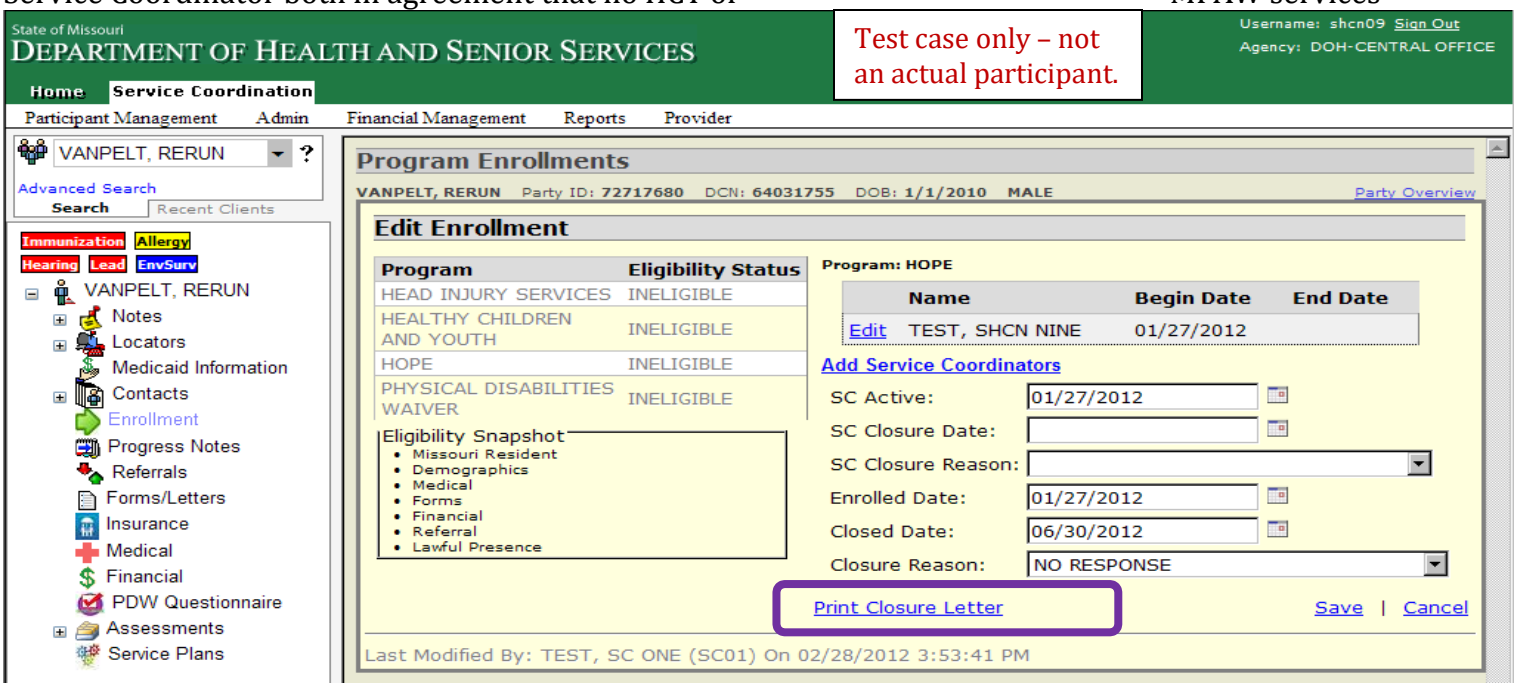


## Enrollment - Print Closure Letter Link

The Print Closure Letter link provides ability to print a closure letter based on the closure reason entry.

Remember every closure will result in a closure letter being mailed for each closure with one exception:

- An HCY Service Coordination enrollment or MFAW Service Coordination enrollment with only a phone contact.
- The phone contact documentation needs to have a result of participant/responsible party and the Service Coordinator both in agreement that no HCY or MFAW services




## Enrollment - Print Closure Letter Link – Additional Information Screen

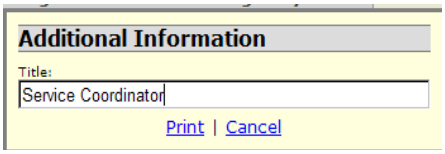
When the Print Closure Letter link is selected, the Additional Information screen displays. The user must complete the Title field with the author's title, i.e., Service Coordinator, Registered Nurse, Schuyler County Director of …., etc. Select the Cancel link to close the screen and not print a letter.

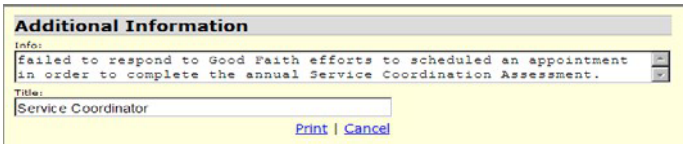
When the Print Closure Letter link is selected **and the closure reason is 'no response'**, the Additional Information screen will display two (2) entry fields. Both fields will print on the closure letter.

A user must complete entry in both fields:

- Info field with specifics about what was not responded to, i.e., failed to return required income tax information, failed to respond to Good Faith effort to schedule appointments or provide required documents, etc.
- Title field with the author's title, i.e., Service Coordinator, Registered Nurse, Schuyler County Director of …., etc.

Select the Cancel link to close the screen and not print a letter.



## Enrollment - Print Closure Letter Link – Additional Information Screen, Print Link

Select the Print link and the Closure Letter PDF file will display so it can be printed and/or saved. The information printed in the Closure Letter is generated from system entry:

- The date of the letter is the date the letter is printed,
- The responsible party name and address is from the Responsible Party entry under the Contacts section of the participants record.
- The participants Name, DCN and Date of Birth is from the Demographics page entry of the participants record.
- The closure reason and closure date are from the closure entry of the specific program closure on the Enrollment screen; and
- The Service Coordinator's phone number is from the information associated to the Service Coordinator in the system.

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MARGARET T. DONNELLY, DIRECTOR — JEREMIAH W. (JAY) NIXON, GOVERNOR

3/19/2012

LINUS VANPELT
930 WILDWOOD DR
JEFFERSON CITY, MO 65109-5796

Test case only – not an actual participant.

REGARDING: LINUS
DATE OF BIRTH: 1/1/1992
DCN: 64105459

**ATTENTION: Participant/Parent/Guardian**

Services through Special Health Care Needs (SHCN), HOPE shall be closed on 3/19/2012 for the following reasons:

- ☐ The participant is not medically eligible.
- ☐ The participant/family income exceeds financial eligibility criteria.
- ☐ The participant has no present need for services, based on evaluation, assessment; or medical report.
- ☐ The participant/family has become a non-Missouri resident.
- ☐ The participant/family requests discontinuation.
- ☑ The participant/family does not follow specific program requirements, i.e.
  failed to respond to Good Faith efforts to schedule appointment in order to complete a Service Coordination Assessment.
- ☐ The participant's age exceeds program eligibility.
- ☐ The participant is receiving services from another source.
- ☐ No response to, or incomplete, Annual Financial Eligibility Review documents.

You may reapply at any time and you always have the right to appeal any decision made by SHCN. If you have any questions, please contact the Service Coordinator at .

Sincerely,

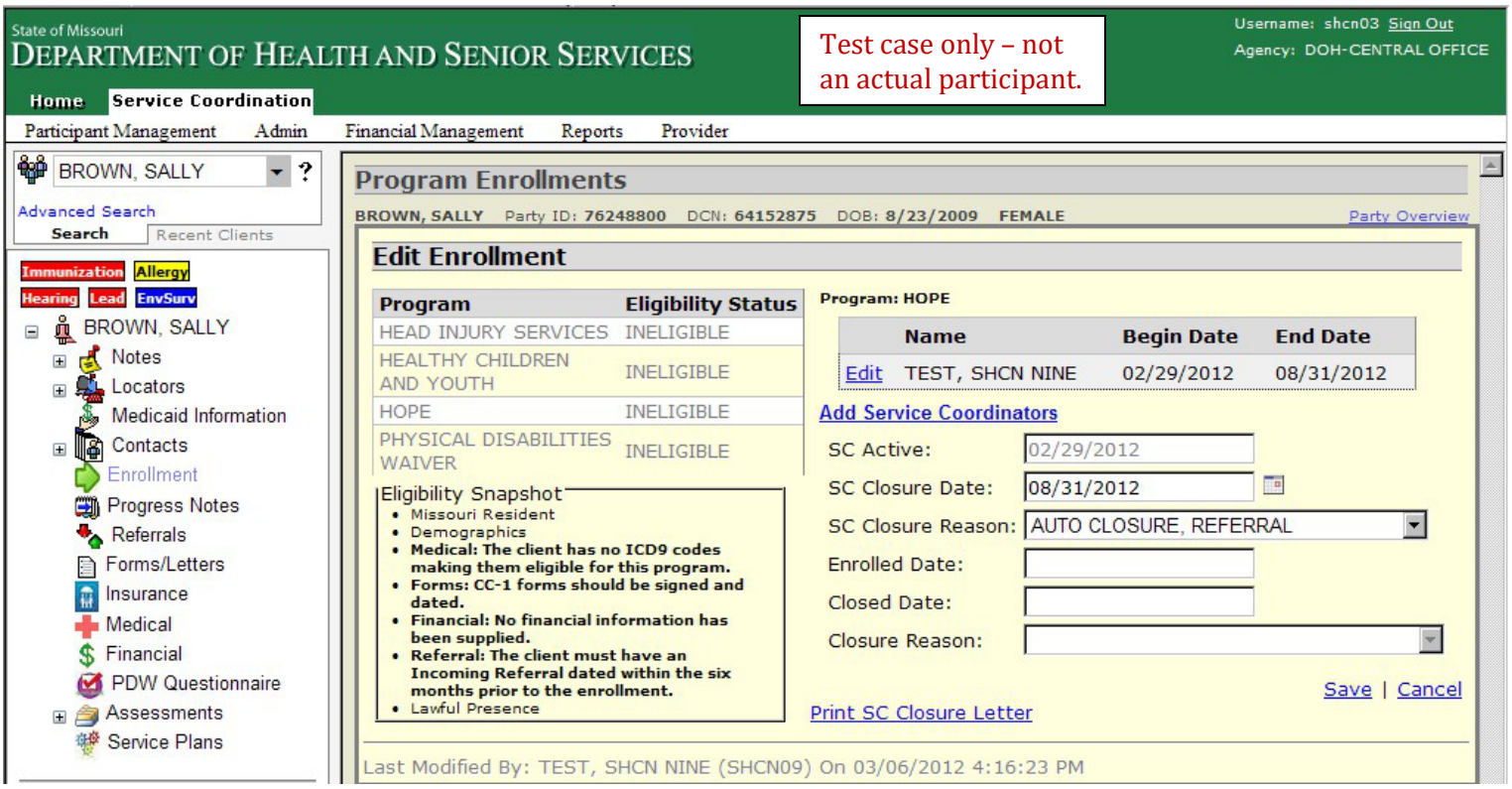
SHCN TEST
Service Coordinator
Special Health Care Needs

Toll Free: 800-451-0669

c: participant file

## Enrollment - Print SC Closure Letter Link

The Print SC Closure Letter link provides ability to print a closure letter based on the closure reason entry when the Service Coordination enrollment is the only closure. This link is not available when both (Paid Service and Service Coordination) enrollments close on the same day.



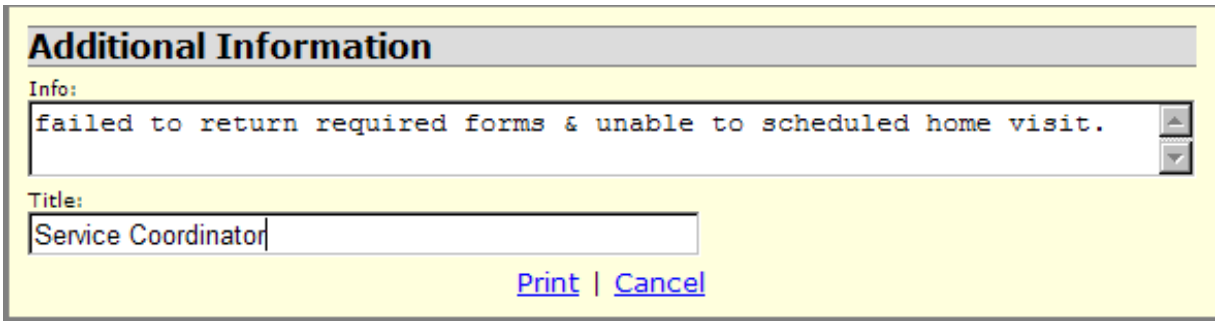

## Enrollment - Print SC Closure Letter Link – Additional Information Screen

When the Print SC Closure Letter link is selected and the closure reason is 'no response', the Additional Information screen will display two (2) entry fields. Both fields will print on the closure letter.

A user must complete entry in both fields:

- Info field with specifics about what was not responded to, i.e., failed to return required income tax information, failed to respond to Good Faith effort to schedule appointments or provide required documents, etc.
- Title field with the author's title, i.e., Service Coordinator, Registered Nurse, Schuyler County Director of …., etc.

Select the Cancel link to close the screen and not print a letter.



## Enrollment - Print SC Closure Letter Link – Additional Information Screen, Print Link

Select the Print link and the Closure Letter PDF file will display so it can be printed and/or saved. The information printed in the Closure Letter is generated from system entry:

- The date of the letter is the date the letter is printed.
- The responsible party name and address is from the Responsible Party entry under the Contacts section of the participants record.
- The participants Name, DCN and Date of Birth is from the Demographics page entry of the participants record.
- The closure reason and closure date are from the closure entry of the specific program closure on the Enrollment screen; and
- The Service Coordinator's phone number is from the information associated to the Service Coordinator in the system.

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MARGARET T. DONNELLY, DIRECTOR — JEREMIAH W. (JAY) NIXON, GOVERNOR

3/22/2012

SALLY BROWN

Test case only – not an actual participant.

REGARDING: SALLY BROWN
DATE OF BIRTH: 8/23/2009
DCN: 64152875

**ATTENTION: Participant/Parent/Guardian**

Services through Special Health Care Needs (SHCN), HOPE shall be closed on for the following reasons:

- ☐ The participant is not medically eligible.
- ☐ The participant/family income exceeds financial eligibility criteria.
- ☐ The participant has no present need for services, based on evaluation, assessment; or medical report.
- ☐ The participant/family has become a non-Missouri resident.
- ☐ The participant/family requests discontinuation.
- ☑ The participant/family does not follow specific program requirements, i.e. failed to return required forms & unable to scheduled home visit.
- ☐ The participant's age exceeds program eligibility.
- ☐ The participant is receiving services from another source.
- ☐ No response to, or incomplete, Annual Financial Eligibility Review documents.

You may reapply at any time and you always have the right to appeal any decision made by SHCN. If you have any questions, please contact the Service Coordinator at .

Sincerely,

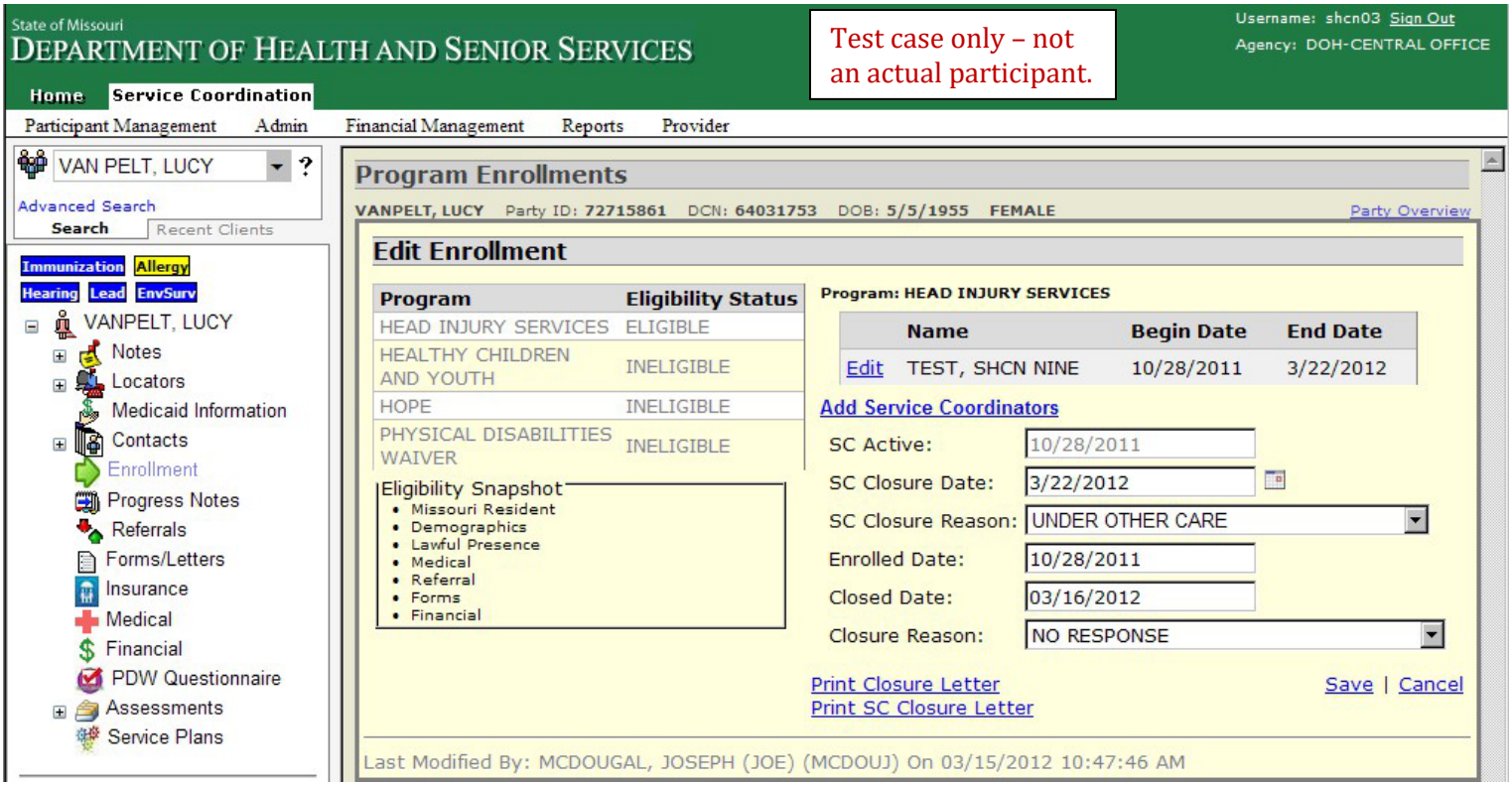
SHCN TEST
Service Coordinator
Special Health Care Needs

Toll Free: 800-451-0669

c: participant file

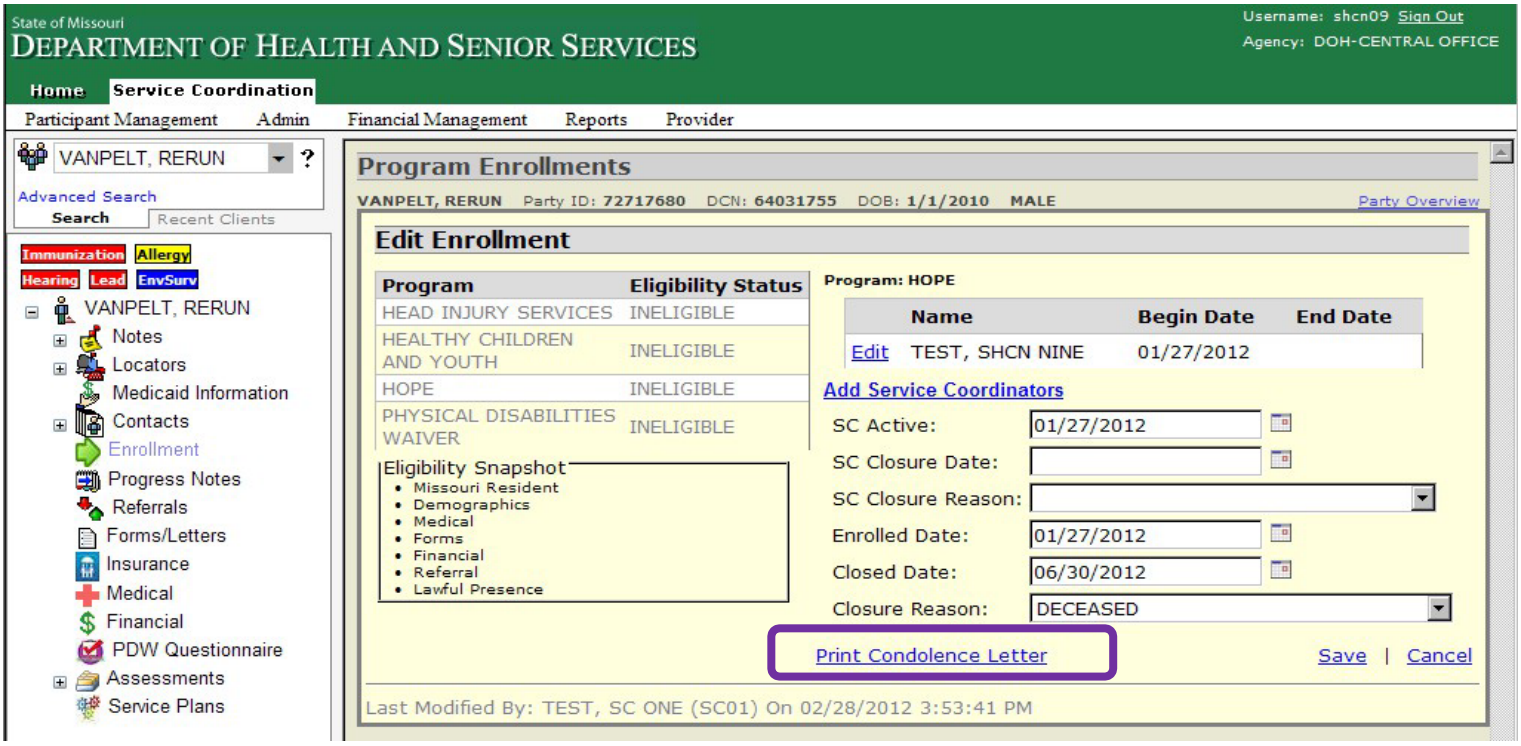
## Enrollment – Both Print Closure Letter and Print SC Closure Letter Links

Both links display when a Service Coordination closure is dated differently from a Paid Service closure. A user must select the appropriate link (because of the different closure dates and closure reasons).



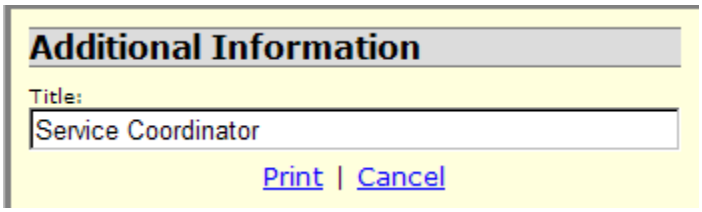

## Enrollment - Print Condolence Letter Link

The Print Condolence Letter link provides ability to print a closure condolence letter only when the system recognizes the closure reason entered is 'deceased'.



## Enrollment - Print Condolence Letter Link – Additional Information Screen

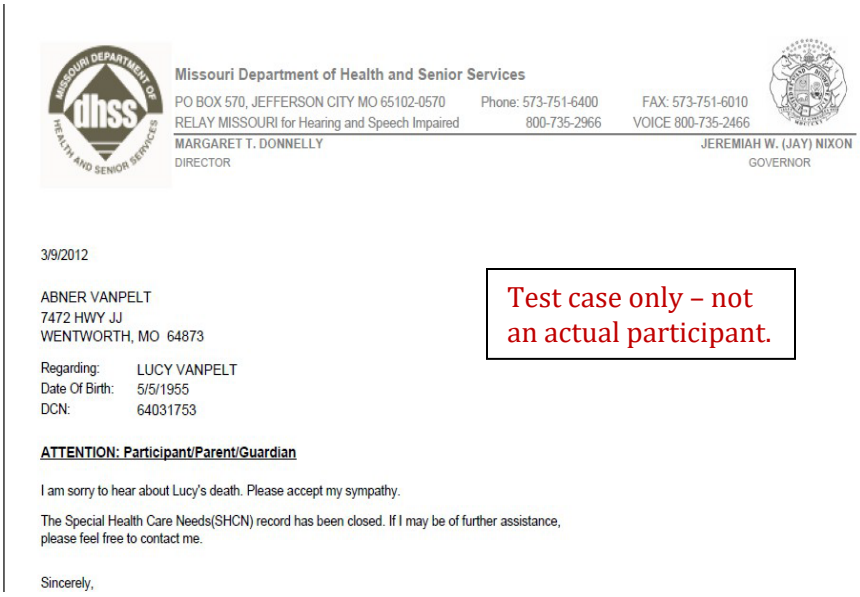
After the Print Condolence Letter link is selected, the Additional Information screen displays. The user must complete the Title field with the author's title, i.e., Service Coordinator, Registered Nurse, Schuyler County Director of …., etc. Select the Cancel link to close the screen and not print a letter.




## Enrollment - Print Condolence Letter Link – Additional Information Screen, Print Link

Select the Print link and the Closure Letter PDF file will display so it can be printed and/or saved. The information printed in the Closure Letter is generated from system entry:

- The date of the letter is the date the letter is printed.
- The responsible party name and address is from the Responsible Party entry under the Contacts section of the participants record.
- The participants Name, DCN and Date of Birth is from the Demographics page entry of the participants record.
- The closure reason and closure date are from the closure entry of the specific program closure on the Enrollment screen; and
- The Service Coordinator's phone number is from the information associated to the Service Coordinator in the system.



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JEREMIAH W. (JAY) NIXON, GOVERNOR

3/9/2012

ABNER VANPELT
7472 HWY JJ
WENTWORTH, MO 64873

Test case only – not an actual participant.

Regarding: LUCY VANPELT
Date Of Birth: 5/5/1955
DCN: 64031753

**ATTENTION: Participant/Parent/Guardian**

I am sorry to hear about Lucy's death. Please accept my sympathy.

The Special Health Care Needs(SHCN) record has been closed. If I may be of further assistance, please feel free to contact me.

Sincerely,

## Enrollment - Closure Reason Definitions

Closure Reason is a way to define (by a grouping) the bases for a program closure. Participant Service Coordination and Paid Service records both should be closed using the most appropriate reason from the following list:

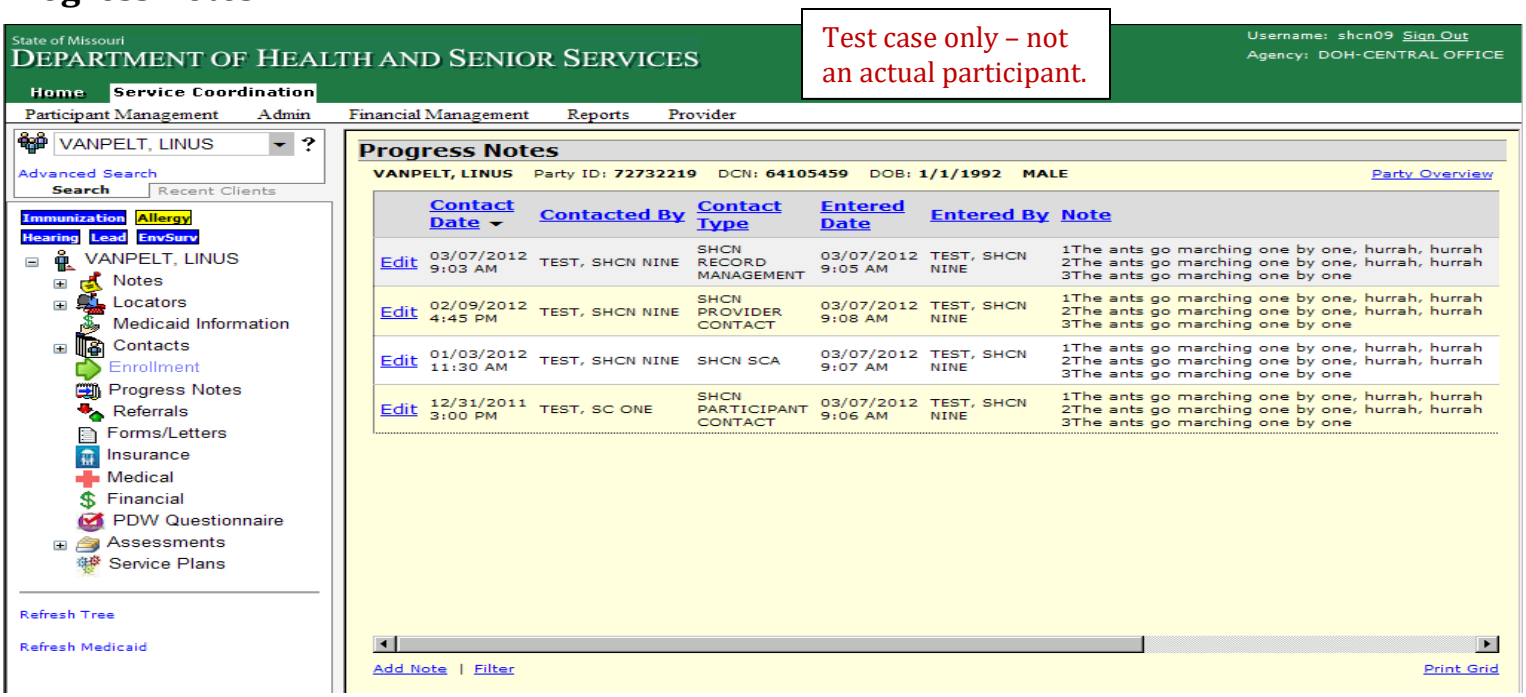
| Closure Reason | Definition |
|---|---|
| **Deceased** | Participant has died. |
| **Incomplete Applications/ AFER/Reapplications/PA** | All the required information for the Application, Reapplication, or AFER was not provided by the participant/family. |
| **Lawful Presence** | Participant/family failed to provide required proof of lawful presence |
| **Maximum Benefits Achieved** | SHCN has provided all eligible services. |
| **Medicaid Non-Compliance** | • Failed to apply with MO HealthNet (Medicaid).<br>• Did not complete MO HealthNet (Medicaid) application process.<br>• Withdrew from the MO HealthNet (Medicaid) program.<br>• Failed to comply with MO HealthNet (Medicaid) requirements. |
| **Moved Out of State** | Participant/family no longer resides in the State of Missouri. |
| **No Present Need for Care (NNC)** | • SHCN services are not needed at this time.<br>• Prior authorized HCY services are not needed at this time.<br>• Participant has been released from care by the physician. |
| **Not Financially Eligible (NFE)** | Participant/family income exceeds financial eligibility criteria. |
| **Not Medically Eligible (NME)** | • Participant does not meet medical eligibility criteria.<br>• Participant's prognosis does not meet program eligibility. |
| **No Response (NR)**<br><u>Do Not Use</u> this closure reason as a substitution for:<br>➢ Medicaid Non-Compliance<br>➢ Incomplete Applications/Annual Financial Eligibility Review (AFER)/ Reapplications/PA. | • No response to Applications, Reapplications, or AFER.<br>• Information packet was not returned.<br>• Did not follow service requirements (after enrollment). |
| **Over-age** | Participant's age exceeds service eligibility criteria. |
| **Participant/Family Request** | • Participant/family requests discontinuation.<br>• Participant/family is not interested in continued services. |

## Enrollment - Closure Reason Definitions (continued)

| | |
|---|---|
| **Transferred MC+ Fee For** | Participant is now enrolled in a MO HealthNet (Medicaid) Fee for Service Care |
| **Service** | plan and does not require SHCN Service Coordination. |
| **Closure Reason** | **Definition** |
| **Transition to MC+ Plan** | Participant is enrolled in a MO HealthNet (Medicaid) Managed Care Plan and does not require SHCN Service Coordination. |
| **Unable to Locate** | Participant/family cannot be located within the State of Missouri. |
| **Under Other Care** | • Utilizing services from another agency or provider.<br>• Another agency or provider has assumed responsibility.<br>• Transitioned to another agency.<br>• Referred to another agency.<br>• Participant has become institutionalized or is a Ward of the Court with guardianship assigned to the Department of Mental Health or the Division of Youth Services.<br>• Incarcerated (in the custody of city, county, or state). |
| **Auto Closure, Referral** | Automated closure reason for a Service Coordination enrollment will display until additional entry is completed in the Participant Management screens. |

DECEASED
INCOMPLETE APPL/AFER/FEAPP/PA
LAWFUL PRESENCE
MAXIMUM BENEFITS ACHIEVED
MEDICAID NON-COMPLIANCE
MOVED OUT OF STATE
NO LONGER TRACKING
NO PRESENT NEED FOR CARE
NO RESPONSE
NOT ELIGIBLE DUE TO XIX STATUS
NOT FINANCIALLY ELIGIBLE
NOT MEDICALLY ELIGIBLE
OVER AGE
PARTICIPANT/FAMILY REQUEST
TRANSITION TO DESE (PART B)
TRANSITION TO MC+ FEE FOR SERVICE
TRANSITION TO MC+ PLAN
UNABLE TO LOCATE
UNABLE TO LOCATE SERVICES
UNDER OTHER CARE
AUTO CLOSURE, REFERRAL

# Progress Notes




*Progress Notes are a legal record of events for a participant*, in chronological order with the most recent entry listed first. Progress Notes are recorded in:

- First Person
- Complete sentences
- Grammatically correct
- Appropriate Punctuation
- Bullet style is acceptable.
- Extensive documentation is best written in a Word document, formatted and spell checked, then copied/pasted into a Progress Note.
- Do not 'copy and paste' any email or any correspondence (from any source) into a Progress Note. Instead summarize the main issues of the email or correspondence in a Progress Note entry.

## Progress Notes – Add Note

The Add Note link allows a user to complete a new entry.

## Progress Notes – Add Note (continued)

| Field | Action |
|---|---|
| **Contact Date (time)*** | Contact Date automatically displays the current date when the screen is opened. If the current date is not reflective of the actual date the activity occurred, the entry should be changed to reflect the correct contact date.<br><br>Contact Time automatically displays the current time when the screen is opened. If the current time is not reflective of the actual time the activity occurred, the entry should be changed to reflect the correct contact time. |
| **Contact By*** | The system automatically defaults to the user logged into the system.<br>• If the user is not the person who had contact on behalf of the participant, enter the name of the person who had the contact. Select the Search link to locate their name.<br>• If the name exists in the system a user can select the name from the search results; if not contact an SHCN Central Office Staff Person to request the name be added to the system. |
| **Contact Type*** | These selections define (by a grouping) the subject of the progress note. |
| **Comments*** | Statement(s) about all actions taken during conversation/communication (not documented elsewhere, i.e., Form screen).<br>• If multiple contacts are made on the same date that can be identified by one Contact Type, only a single entry is necessary.<br>✓ An example would be multiple contacts with the participant/family and an SHCN Central Office Staff Person to determine/obtain the necessary documentation to prove Lawful Presence.<br>• If multiple contacts are made on the same date that cannot be identified by one Contact Type, multiple Progress Note entries are necessary.<br>✓ An example would be multiple contacts to resolve a Provider issue because contact is made with the Provider, an SHCN Central Office Staff Person and the participant/family. |
| **Edit Link** | Allows only the author to change or update entry. The author can edit the entry for up to thirty (30) days from the 'Entered On' date. If the author does not make the change within this timeframe, an addendum to the note must be entered. |
| **View Link** | Allows all users to read entry. |
| **Save link** | Adds the entry to the record. |
| **Print link** | Prints the entry. |
| **Cancel link** | All entry is deleted, and nothing is retained to the record. |
| * = field entry is required; additional fields are provided to record additional items if known. | |

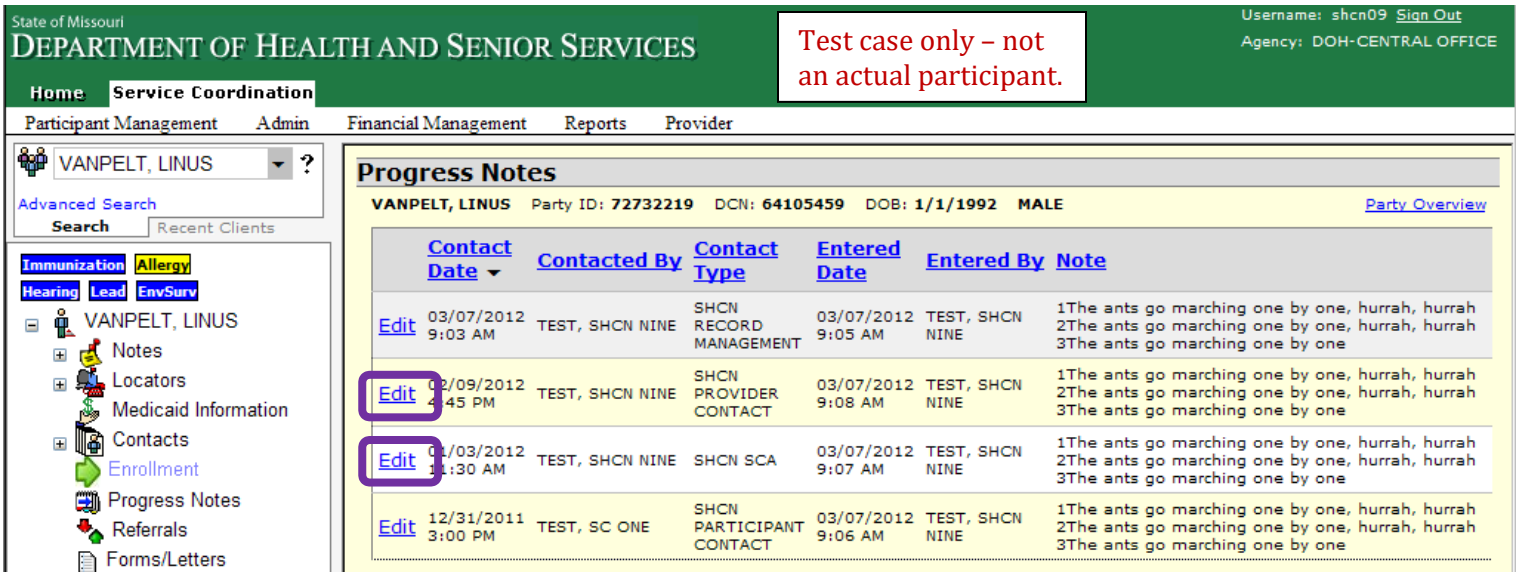
## Progress Notes – Edit

Every Progress Note entry can be edited if:

- The edit is done by the author of the note, and
- If the edit is done within thirty (30) days from the entry in the Entered Date field.

The system displays the link as Edit if a note is being observed by the author and it is within thirty (30) day time period. The link will change to View after the thirty (30) day time period.

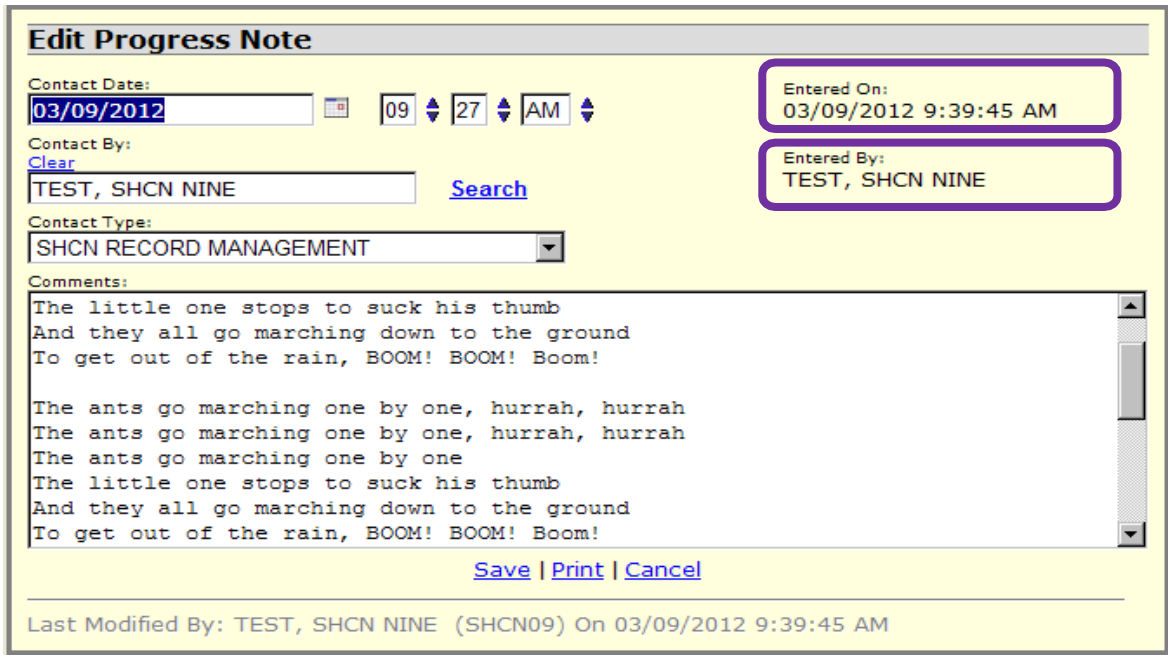
The system displays the link as View if a note is being observed by someone other than the author.




## Progress Notes – Edit Screen

The Edit link allows a user (who is not the author of the note) to view the entry.

The screen also displays the Entered On (date/time) and Entered By information in the upper right corner of the Edit Progress Note screen. The system will use this information to determine if a note is within an 'editable' timeframe and if the person viewing the note, is the author.



## Progress Notes – Edit Screen (continued)

| Field | Action |
|---|---|
| **Entered On** | If a user selects the View link, the Edit Progress Note screen will display and the date and time of the actual Progress Note entry is displayed in the upper right corner. This information cannot be altered by any user after the initial entry is saved. |
| **Entered By** | If a user selects the View link, the Edit Progress Note screen will display and the name of the user that did the actual Progress Note entry is displayed in the upper right corner. This information cannot be altered by any user after the initial entry is saved. |
| **Print link** | Prints the entry. |
| **Return link** | Closes the Edit Progress Note screen and returns the user to the summary page. |

## Progress Notes Contact Type Definitions

Contact Type is a way to define (by a grouping) the subject of the progress note.

Select the most appropriate, i.e., if the entry is because of a contact with a Central Office staff person about a Prior Authorization, the Contact Type would be Prior Authorization vs. Central Office Contact.

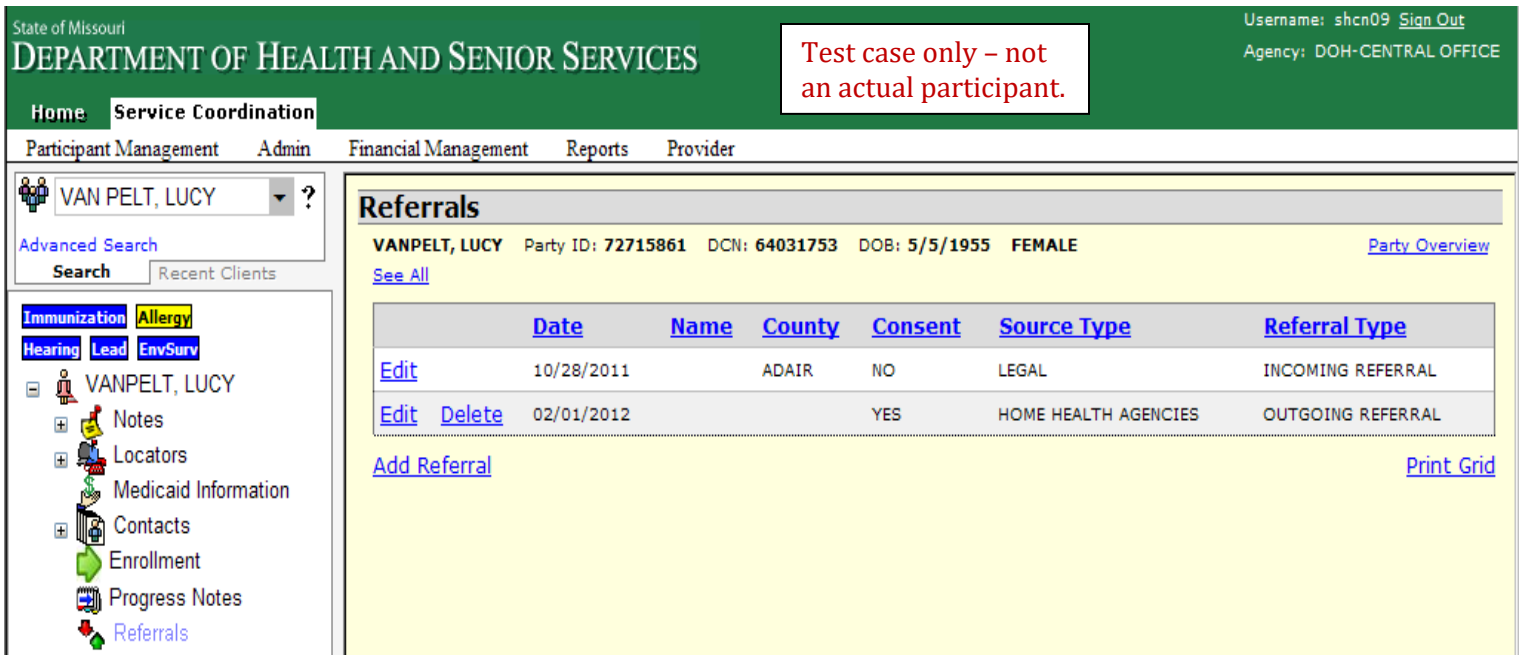
- **AFER** is any participant and/or family contact (phone, face to face, fax, or mail) regarding the participant's annual financial eligibility review process. (FOR ABI Paid Service Program ONLY or CYSHCN Paid Service Program ONLY)
- **Central Office Contact** is any contact with the Program Manager or other central office staff; Program Manager notes that do not fit in another contact type.
- **EPSDT/Immunization Activity** is the documentation of mailed or verbal reminders, documentation of review and findings for EPSDT Screenings and Immunizations.
- **Family Partnership Contact** is any contact conducted by a Family Partner to a Participant, Responsible Party, etc. (For use by Family Partners ONLY)
- **HCY Home Visit Exception Contact** is a participant and/or family **contact made by phone** instead of a required face-to-face contact. This contact type is only to be used during the time period the Program Manager has approved the implementation of the 'Exception to Home Visit Requirements' policy. (For HCY Paid Service Program ONLY)
- **HCY/MFAW Monitoring Log** is the documentation regarding the HCY/MFAW monitoring logs from providers.
- **MO HealthNet** is any contact regarding a participant's MO HealthNet Status to determine if a referral to MO HealthNet is applicable or necessary (minimum annual requirement for CYSHCN Paid Service Program).
- **Lawful Presence** is any contact regarding actions taken to obtain and verify documentation of a participant's lawful presence.
- **Legal Custody** is any contact regarding the determination of the participant's legal custody.
- **Other** is to be used for anything that does not fit any other contact type. Examples: any contact (face to face, fax, phone, and mail) with another agency, a referral source, someone who is not the participant/family.
- **Participant Contact** is any contact with the participant and/or family **other than** a face-to-face or home visit. (Use SHCN SCA if contact is to complete the SCA.)

## Progress Notes Contact Type Definitions (continued)

- **Participant Visit** is any **face-to-face** contact with the participant and/or family. (Use SHCN SCA if contact is to complete the SCA.)
- **Prior Authorization** is any **verbal or paper** prior authorization of services including change authorizations.
- **Provider Contact** is any contact with the provider other than a monitoring log or prior authorization. (For the HCY Program or MFAW program, any agency or entity that provides approved services. For the ABI Program or CYSHCN Program, any SHCN contracted provider, regardless of authorization.
- **Record Custody** is any action concerning a change in the physical location of a participant's (**paper**) record. This contact type is to be used when a participant record is transferred from one physical location to another, i.e., the record is transferred from one office to another and/or the record is sent to be microfilmed. Entry is required by both parties (the party who transferred the record and the party who received the transferred record).
- **Record Management** is any actions concerning the participant record that do not fit in another contact type, i.e., filing, duplicate DCN, override enrollment corrections, etc.
- **SCA** is any contact (including phone or face-to-face) with the participant and/or family regarding the conduction of a comprehensive assessment (the service coordination assessment tool). This contact type should not be used to document attempts to schedule the actual visit.

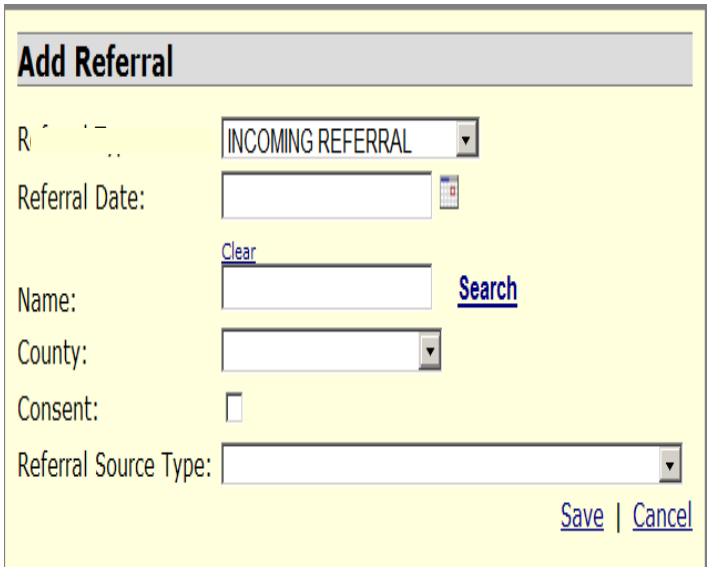
## Referrals – Incoming and Outgoing

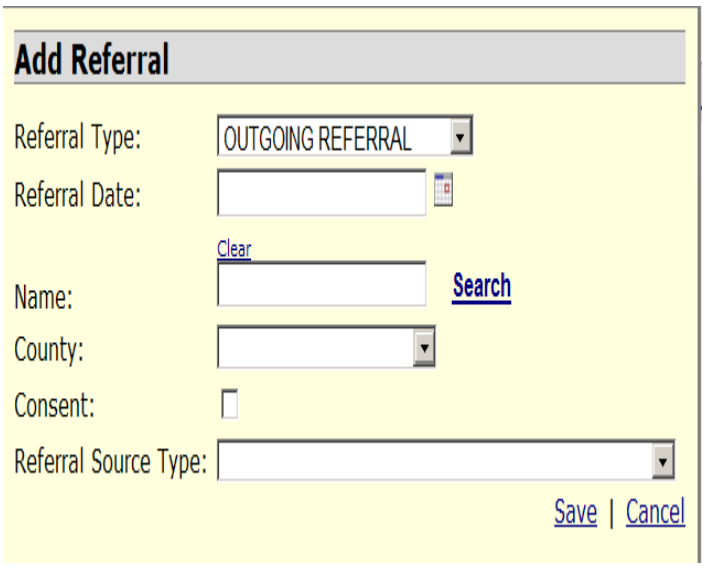
The Referral screen captures both Incoming and Outgoing referrals.




## Referrals – Add Referral screen

- All Incoming Referrals received by SHCN must be entered. (Before a participant can be enrolled in Paid Services, an Incoming Referral entry, dated a maximum of six (6) months prior to the enrollment date, is required.)
- All Outgoing Referrals made by SHCN must be entered. The participant/responsible party must give their permission for outgoing referrals; their permission is indicated by the selection of the Consent checkbox.



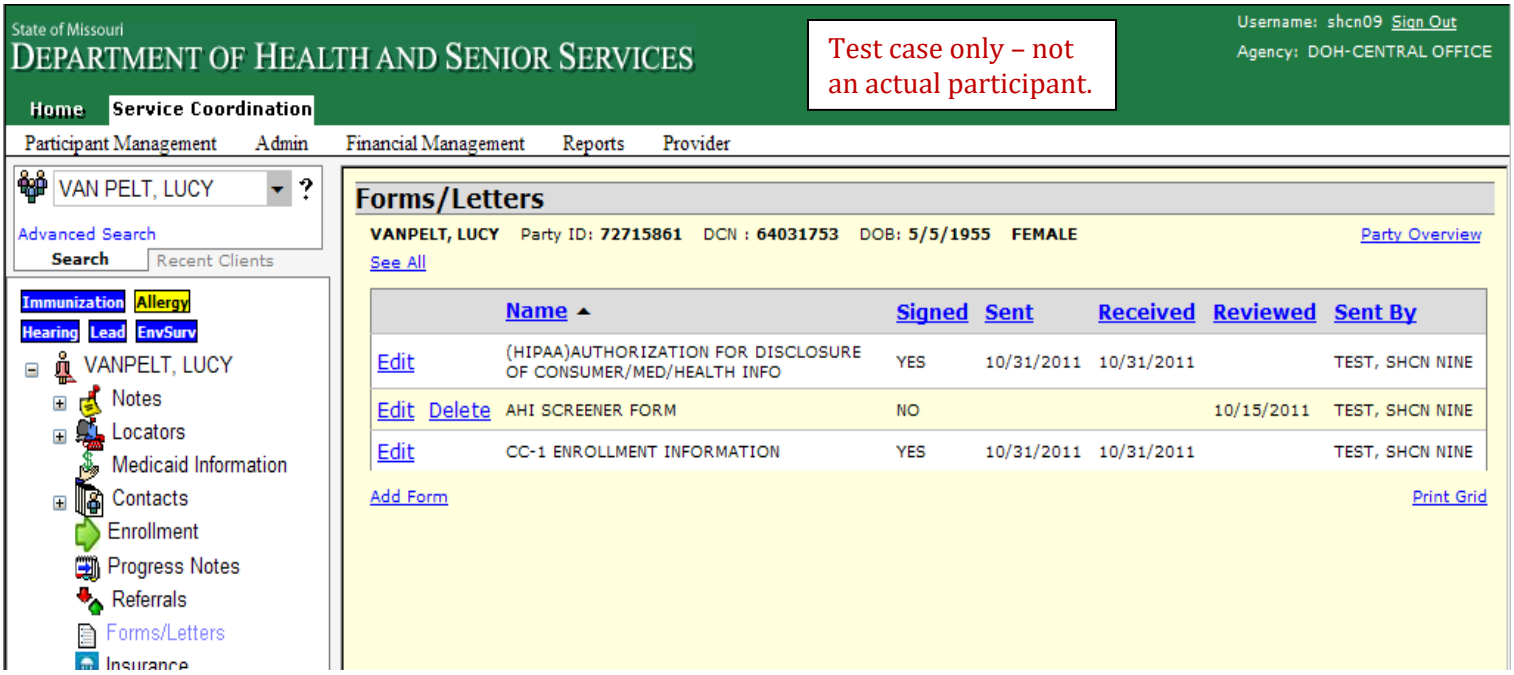



## Referrals – Add Referral screen (continued)

| Field | Action |
|---|---|
| **Referral Type*** | Drop down field has two (2) options:<br>• Incoming Referral to capture all referrals **made to** SHCN concerning the participant.<br>• Outgoing Referral to capture all referrals **made by** SHCN concerning the participant. |
| **Referral Date*** | MM/DD/YYYY field entry to signify the actual date the referral was received or made by SHCN. |
| **Name** | • Type the name of the entity from whom the Referral was received or made.<br>• Select the Search link.<br>✓ If the name exists in the system a user can select the name from the search results; if not contact an SHCN Central Office Staff Person to request the name be added to the system. |
| **County** | Drop down contains a listing of Missouri counties to designate the county of the referral source, i.e., if the selection is County Health Department in the Referral Source Type field, the County field can capture which county. |
| **Consent*** | If SHCN makes an Outgoing Referral, the participant/responsible party must have provided their permission.<br>Authorization for Disclosure of Consumer Medical /Health Information form should be on file in a participant record; one exception is an entity covered under a Business Associate relationship. SHCN providers (for ABI Program or CYSHCN Program only) or MHN providers (for HCY Program or MFAW Program only) are the only entities that qualify as Business Associates. |
| **Referral Source Type*** | Generic categories to capture a description of the entity, i.e., Self, Friend, School, State Agency, etc. |
| **See All Link** | See All Link will display all active entry.<br>When selected, it will change to Hide Inactive to display all historical entry. |
| **Edit Link** | Allows any user to change or update entry. |
| **Delete Link** | If entry is completed in error the author has a Delete link, to remove the entry, if the delete function is done within the allotted time set by the system. (See the **Entry Deletes** section of the guide.) |
| **Save Link** | Adds the entry to the record. |
| **Cancel Link** | All entry is deleted, and nothing is retained to the record. |
| * = field entry is required; additional fields are provided to record additional items if known. | |

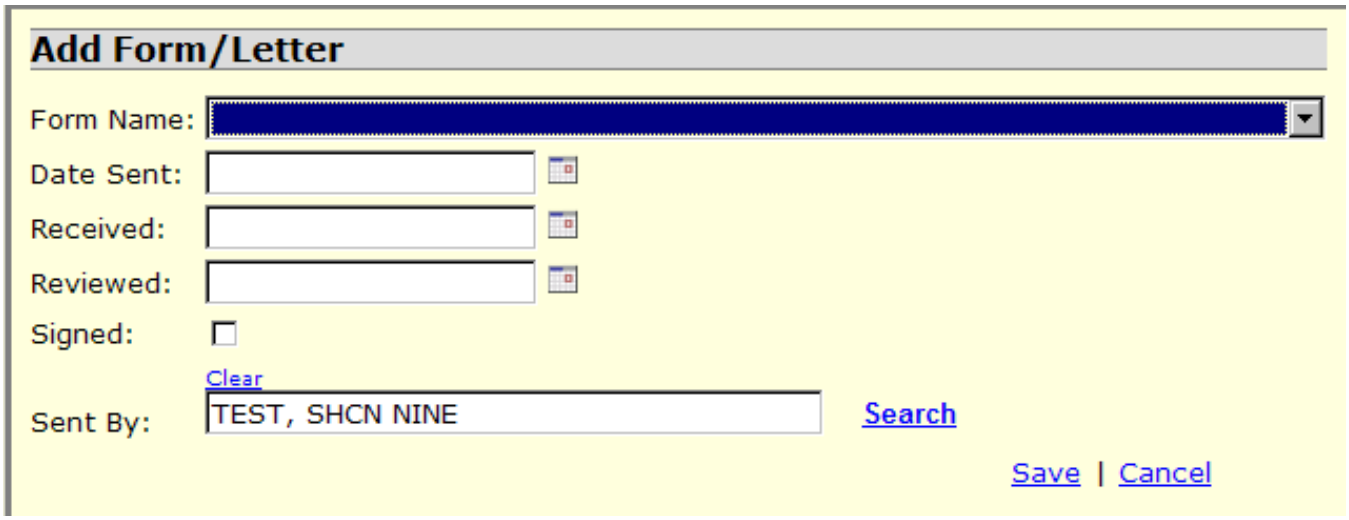
## Forms/Letters

The Forms/Letters screen captures when an SHCN form, letter, or tool is issued, signed and/or returned to SHCN. It also captures when documents were reviewed or if the document was signed.




## Forms/Letters – Field Entry

To record an entry, select the Add Form/Letter link.

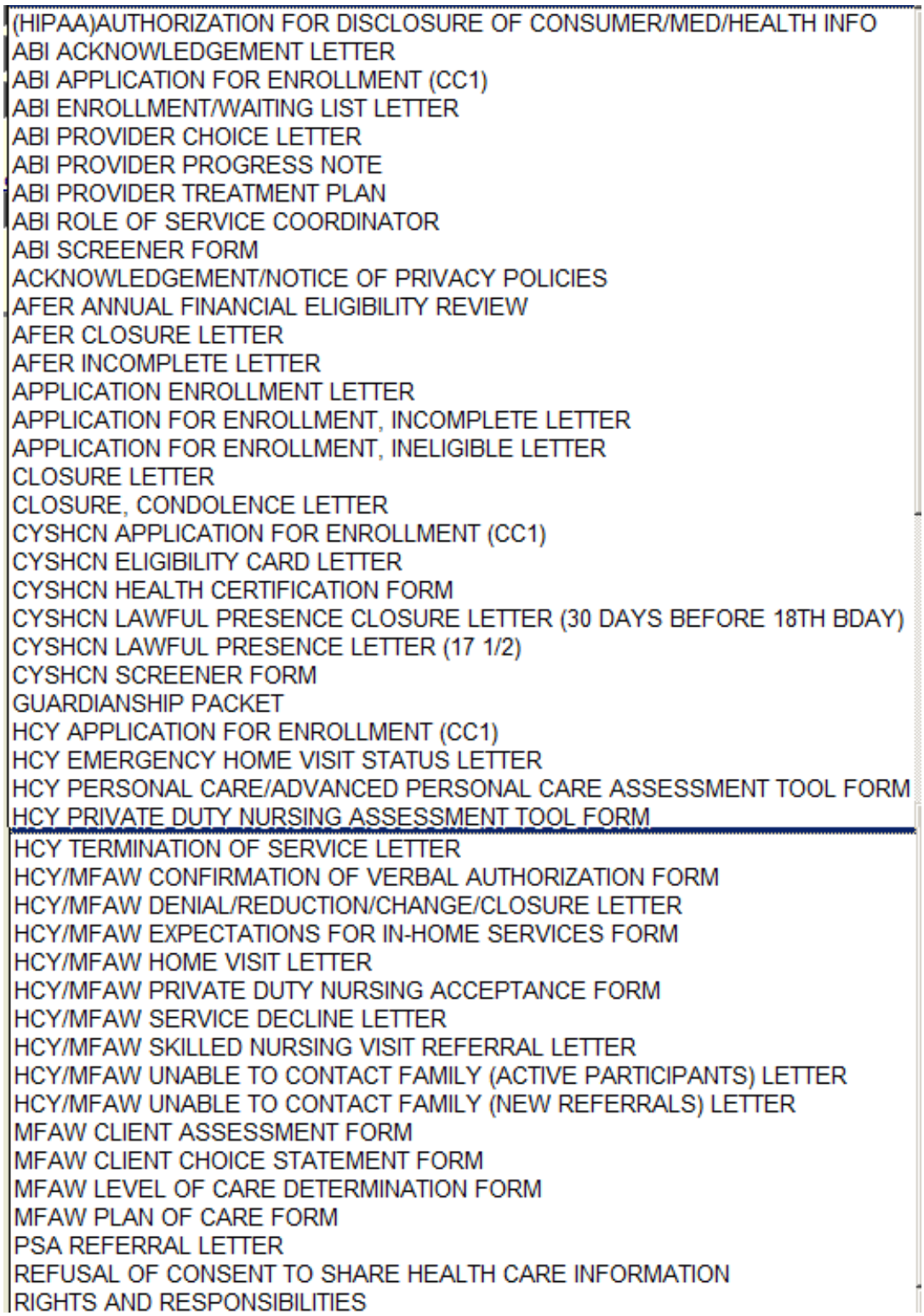


## Forms/Letters – Field Entry (continued)

| Field | Action |
|---|---|
| **Form Name** | Names of SHCN forms, letters, and tools are available in a dropdown list; select the appropriate title.<br>• Some documents are program specific and can only be used to meet the eligibility criteria for that specific program.<br>• If the wrong program specific document is entered, program eligibility will not be met. |
| **Date Sent*** | Enter the date a document is issued by SHCN. |
| **Received*** | Enter the date a document is returned to or in the custody of an SHCN program person. |
| **Reviewed*** | Enter the date a document is evaluated, when an evaluation action needs to be recorded, i.e., ABI Program Provider Treatment Plan or the HCY Program or MFAW Program Plan of Care forms, ABI or CYSHCN Screener Form, etc. |
| **Signed*** | Entry signifies that a signature is on a document that requires a signature, i.e., Application for Enrollment form (CC1) or Client Choice Statement |
| **Sent By*** | Enter the person's name that sent, received, or reviewed the form, letter, or tool. Select the Search link to locate the name.<br>• If the name exists in the system a user can select the name from the search results; if not contact an SHCN staff person to request the name be added to the system. |
| **Edit Link** | Allows any user to change or update entry. |
| **Delete Link** | If entry is completed in error the author has a Delete link, to remove the entry, if the delete function is done within the allotted time set by the system. (See the **Entry Deletes** section of the guide.) |
| **See All Link** | See All Link will display all active entry.<br>When selected, it will change to Hide Inactive to display all historical entry. |
| **Save Link** | Adds the entry to the record. |
| **Cancel Link** | All entry is deleted, and nothing is retained to the record. |
| * = field entry is required and is specific to a form, letter, or tool; additional fields are provided to record additional items if known. | |

## Form Name Field (dropdown list):

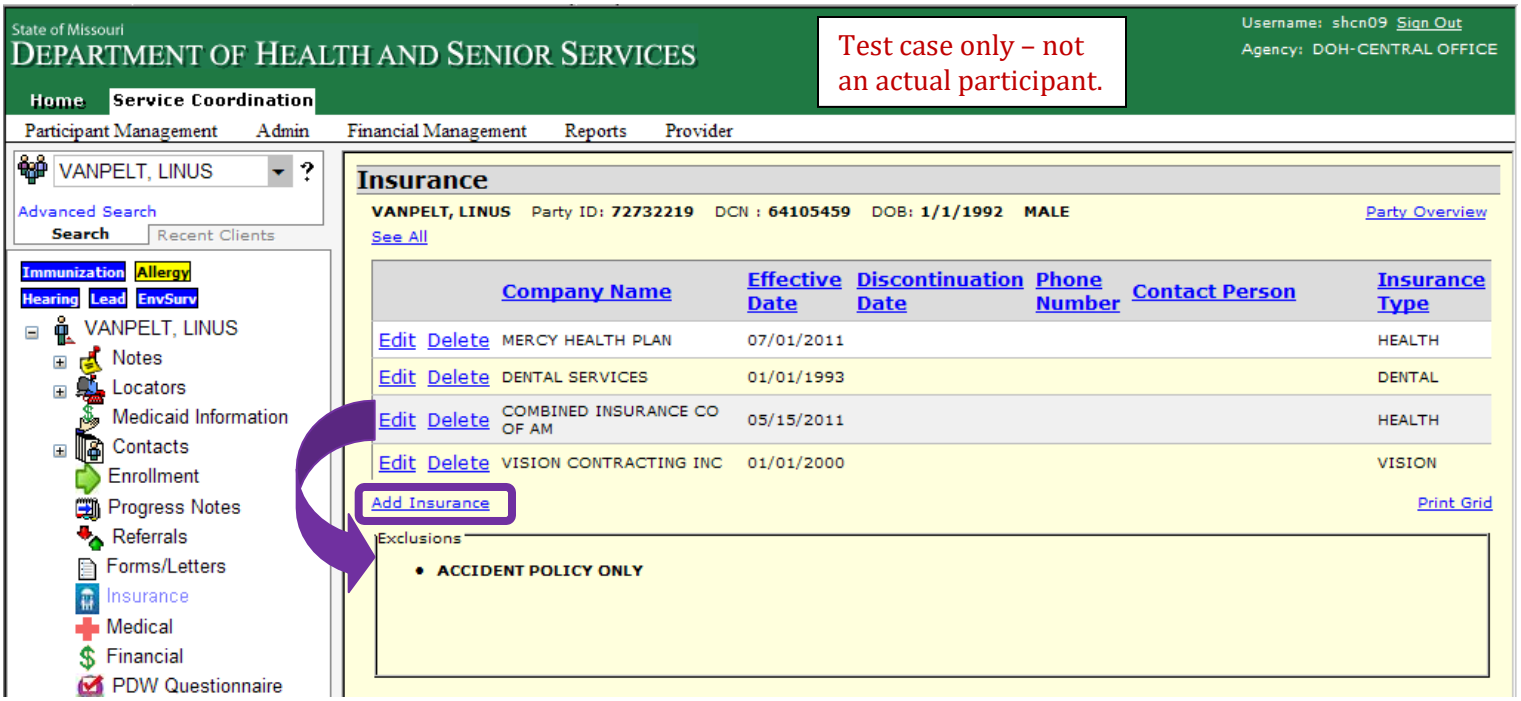
Only known exception is HCY/MFAW Monitoring Logs; documentation for these forms is to be completed in the Service Plan screen.



## Insurance

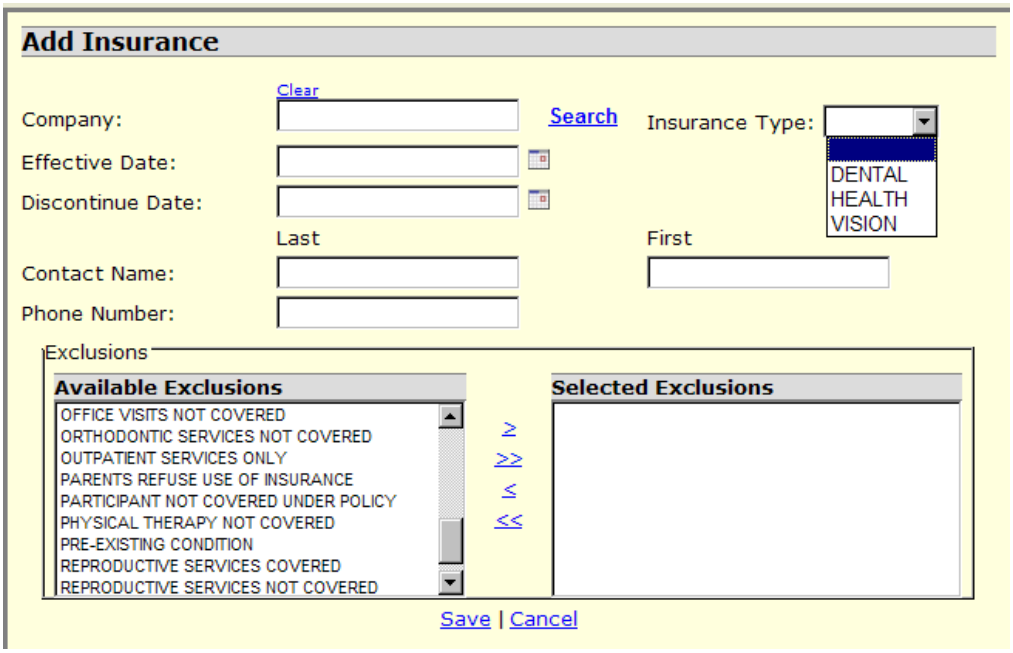
The Insurance screen captures third (3rd) party payer information for a participant, including any exclusion information that pertains to a participant's coverage under that policy.

- Exclusion information is available on the summary page or on the actual Edit Insurance screen.




Insurance – Add Insurance screen

To record insurance company information, select the Add Insurance link.

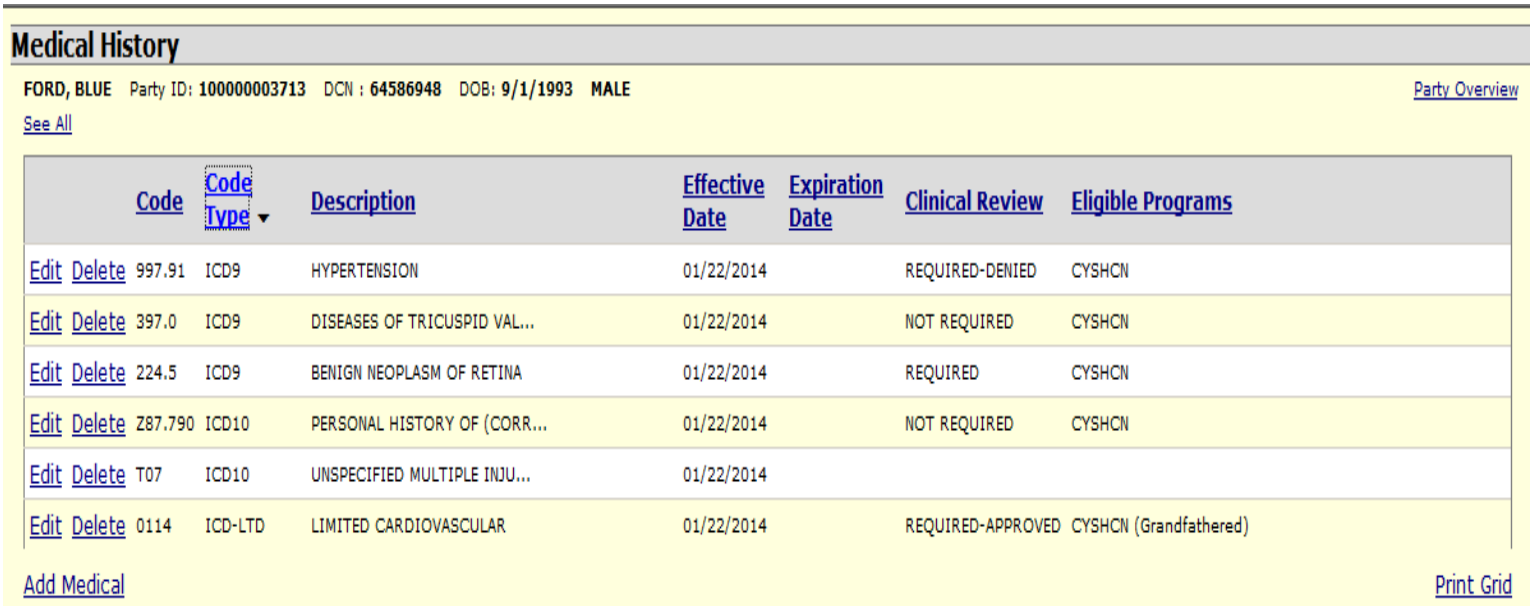


## Insurance (continued)

| Field | Action |
|---|---|
| **Company*** | Type the name of the insurance company in the field and select the Search link.<br>• If the insurance company name is not available in the search results, the name can be added to the system.<br>• Contact an SHCN Central Office Staff Person to request the insurance company name be added to the system. |
| **Insurance Type*** | • Dental signifies the insurance coverage is only for dental services.<br>• Health signifies the insurance coverage is only for medical services.<br>• Vision signifies the insurance coverage is only for ocular services. |
| **Effective Date*** | Enter the date a participant's insurance coverage began (the date cannot be prior to the participant's date of birth).<br>• Accurate entry is required due to CYSHCN Program claim processing. |
| **Discontinue Date*** | Enter the date a participant's insurance coverage was terminated.<br>• Accurate entry is required due to CYSHCN Program claim processing. |
| **Contact Name** | Free Text field to capture the name of the insurance representative to contact regarding this policy. |
| **Phone Number** | Free Text field to capture the phone number of the insurance company, i.e., the number listed on the back of the card. |
| **Exclusions*** | A list of common items prohibited by insurance companies is displayed in the Available Exclusions field.<br>Select the appropriate exclusion and use the appropriate arrow function between the two (2) fields to move it to the Selected Exclusion field.<br>• The > moves the selected item to the Selected Exclusion field.<br>• The >> moves all items in the Available Exclusions field to the Selected Exclusions field.<br>• The < field removes a selected item from the Selected Exclusions field.<br>• The << field removes all items from the Selected Exclusions field. |
| **See All Link** | See All Link will display all active entry.<br>When selected, it will change to Hide Inactive to display all historical entry. |
| **Edit Link** | Allows any user to change or update entry. |
| **Delete Link** | If entry is completed in error the author has a Delete link, to remove the entry, if the delete function is done within the allotted time set by the system. (See the **Entry Deletes** section of the guide.) |
| **Save Link** | Adds the entry to the record. |
| **Cancel Link** | All entry is deleted, and nothing is retained to the record. |
| * = field entry is required; additional fields are provided to record additional items if known. | |

## Medical

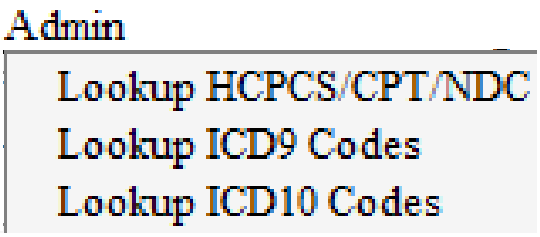
The Medical screen captures all the participant's medical conditions identified by a qualified medical professional that makes a participant medically eligible for a SHCN program. It can also include medical conditions that will not medically qualify a participant for a specific SHCN Program. The system will identify the specific code entered as either an ICD9 code or an ICD10 code. **On October 1, 2014, ICD10 code entry is preferable. ICD10 will be required, to satisfy medical eligibility, effective October 1, 2017.** (The system will no longer accept ICD9 code entry after 2017.)




## Medical – Add Medical screen

To record the participant's medical conditions, select the Add Medical link.

## Medical – Add Medical screen (continued)

| Field | Action |
|---|---|
| **Diagnosis*** | Program Requirements have been maintained:<br>• ABI = both a medical diagnosis code and code describing how the injury occurred are required.<br>• CYSHCN = Appropriate Clinical Review status.<br>• HCY or MFAW = any ICD code entry based on info from the physician's plan of care.<br>Type the diagnosis code and select the Search link. The system will display the search results so a selection can be made.<br>• To view diagnosis codes by program, open a separate tab in the Internet Explorer window and select the Lookup ICD Code option under the ADMIN menu item.<br>  |
| | Limited Diagnosis Entry (for CYSHCN Program only)<br>• Type the word 'limited' and select the Search link to display all limited diagnosis options.<br>• All Limited Diagnosis entry requires review by the CYSHCN Program Manager. |
| | Limited Diagnosis Entry (for ABI Program only)<br>• Type the word 'limited' and select the Search link to display all limited diagnosis options.<br>• One limited code (0121) will meet the medical diagnosis requirement when medical records are non-specific. |
| **Effective Date*** | Enter the date a participant's medical condition is verified by SHCN. The Effective Date is the date the medical information is received, i.e., medical records or Health Certification form.<br>• ABI Program uses medical records from a practitioner licensed to diagnosis.<br>• CYSHCN Program requires a Health Certification form or medical records from a practitioner licensed to diagnosis.<br>• HCY Program uses medical records obtained from the Provider Agency.<br>• MFAW Program uses medical records obtained from the Provider Agency. |
| **Expiration Date*** | Enter the date a participant no longer has the medical condition.<br>• The field is only required if the medical condition has been resolved and the participant no longer suffers from any effects.<br>• **Do not enter** an Expiration Date when a participant closes from any SHCN program. |

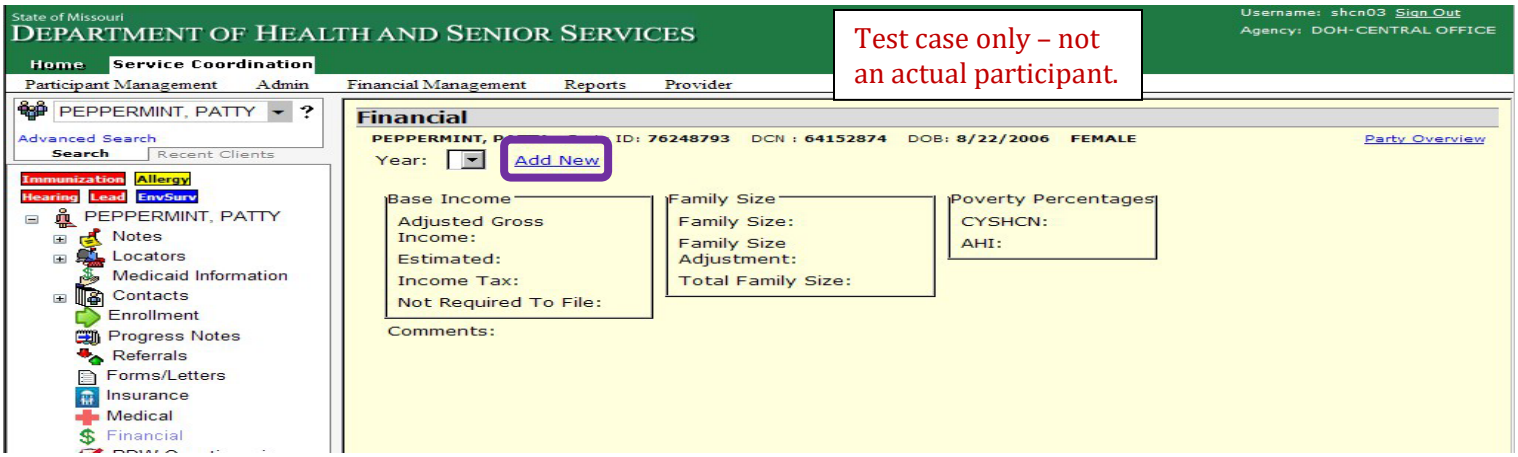
## Medical – Add Medical screen (continued)

| | |
|---|---|
| **Clinical Review** | A diagnosis code will display information in this column to indicate if a review of medical information is required by the CYSHCN Program Manager before that specific diagnosis will be determined medically eligible for CYSHCN Paid Service enrollment.<br>• 'Blank' field indicates a diagnosis is not considered medically eligible, i.e. asthma.<br>• 'Required' indicates a diagnosis may be considered medically eligible, but only if the CYSHCN Program Manager gives an approval. The approval is specific to each participant, not globally to the diagnosis code.<br>• 'Not Required' indicates a diagnosis is medically eligible for the CYSHCN Program without any CYSHCN Program Manager intervention. |
| **Eligible Programs** | A diagnosis code will display the SHCN program (ABI or CYSHCN) information in this column to indicate the program association for the diagnosis code. Only the CYSHCN Program or the ABI Program requires an Eligible Program association to determine medical eligibility. |
| **See All Link** | See All Link will display all active entry.<br>When selected, it will change to Hide Inactive to display all historical entry. |
| **Edit Link** | Allows any user to change or update entry. |
| **Delete Link** | If entry is completed in error the author has a Delete link, to remove the entry, if the delete function is done within the allotted time set by the system. (See the **Entry Deletes** section of the guide.) |
| **Save Link** | Adds the entry to the record. |
| **Cancel Link** | All entry is deleted, and nothing is retained to the record. |
| * = field entry is required; additional fields are provided to record additional items if known. | |

## Financial

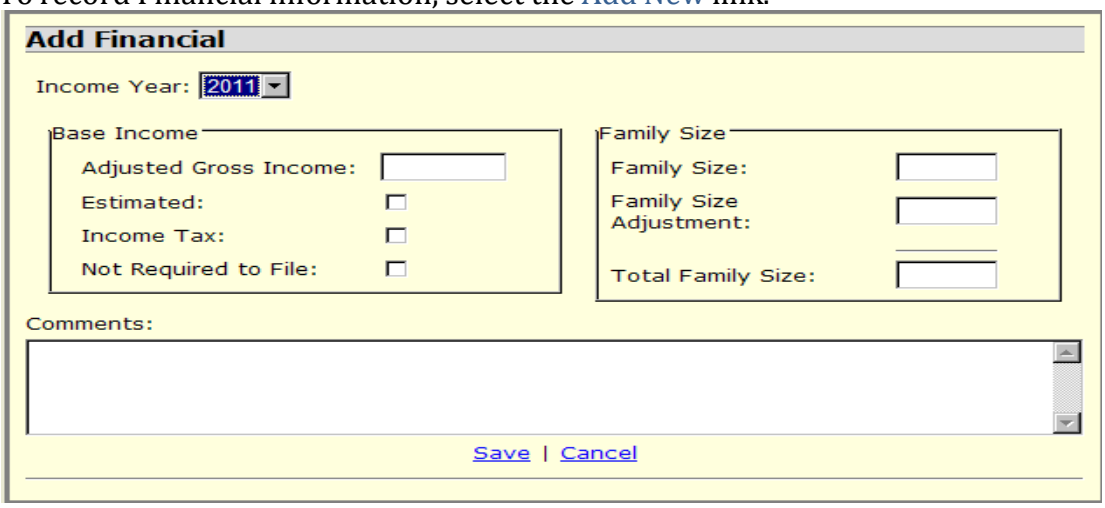
The Financial screen captures income information for a participant. The participant must be listed as a dependent on the submitted income source. Financial eligibility is at or below 185% of Federal Poverty Level.

- Financial eligibility is not applicable for the HCY Program or MFAW Program.
- Past Financial entry is viewable; user selects the previous year to view entry for the selected income year.



## Financial – Add Financial

To record Financial information, select the Add New link.




## Financial – Add Financial fields

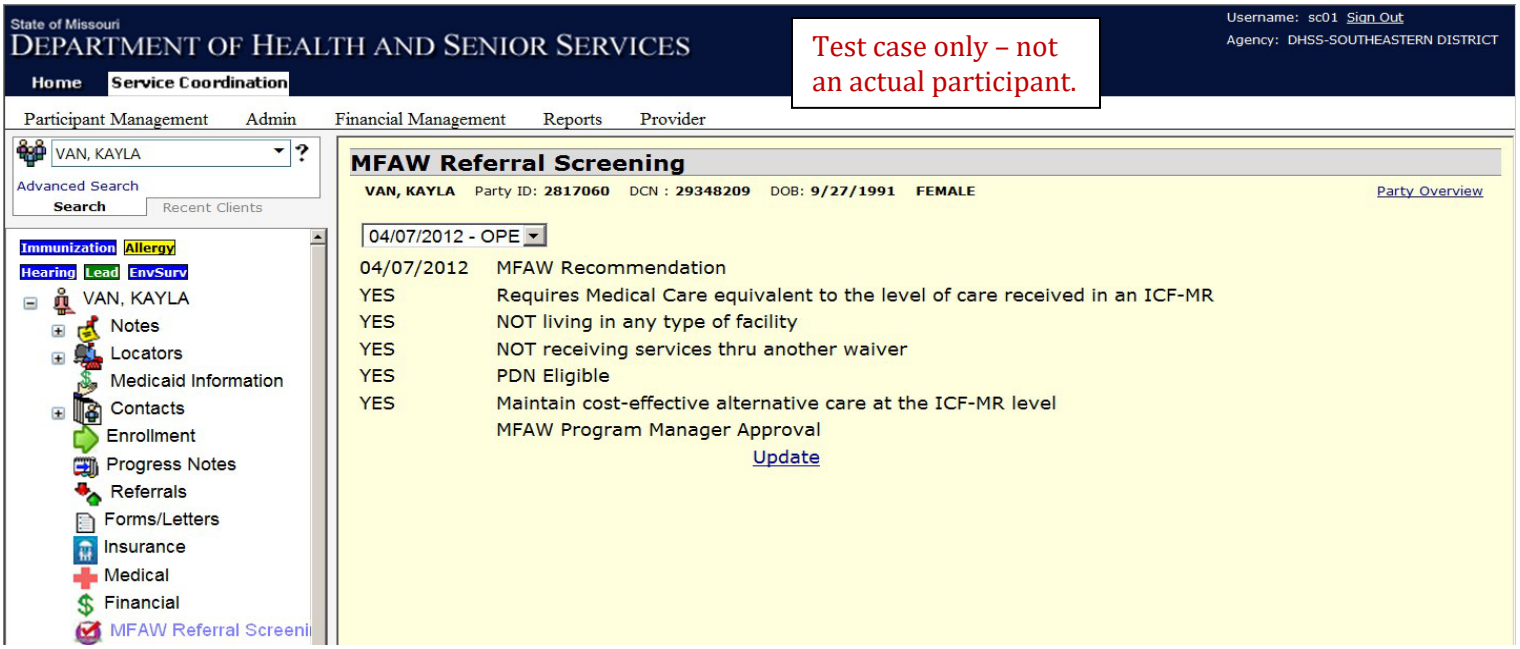
| Field | Action |
|---|---|
| **Income Year*** | • The system will automatically display Income Year selections based on the month in which the Add Financial screen is accessed. During:<br>  ○ January, February, March, April, May, and June a user will have two (2) options.<br>  ○ July, August, September, October, November, and December a user will have only one (1) option.<br>• A user must select the appropriate year based on the income year printed on the Federal Income Tax form a participant/responsible party provides.<br>• A user can edit the Income Year data at any time during an eighteen (18) month calendar year period (January of any given calendar year, to June 30 of the following calendar year.)<br>  ○ All edits on a single Income Year are no longer viewable. (The original entry is overwritten by the last entry.)<br>• A user must contact SHCN Central Office Staff Person to edit Income Year data older than the eighteen (18) months.<br>Example:<br>2011 Income Year data can be entered from January 1, 2012, until June 30, 2013.<br>2011 Income Year data can be 'edited' from January 1, 2012, until June 30, 2013.<br>2011 Income Year data 'edits' after June 30, 2013, can only be done by a SHCN Central Office Staff Person. |
| **Adjusted Gross Income*** | • Enter the Adjusted Gross Income (AGI) amount listed on whichever Federal Income Tax form is used to file, i.e., 1040, 1040A, 1040EZ, or 1040ES.<br>• If a participant/responsible party is not required to file income tax, enter a zero (0). |

## Financial – Add Financial fields (continued)

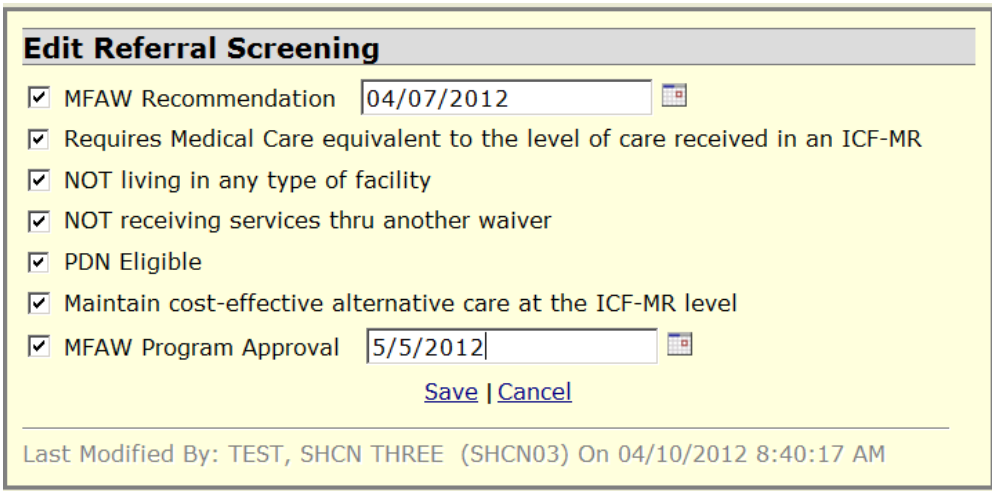
| | |
|---|---|
| **Estimated*** | Select this when a participant/responsible party submits a written estimation of their income because the reported income is not reflective of the current financial status. Income tax information is considered non-reflective when the:<br>• Change in income has been in effect for a minimum of three (3) months or<br>• Custodial adult has been deprived of the income for a minimum of three (3) months. |
| **Income Tax*** | Select this when a participant/responsible party submits any of the Federal Income Tax forms, i.e., 1040, 1040A, 1040EZ, or 1040ES. |
| **Not Required to File*** | Select this when a participant/responsible party is not required to file income tax. |
| **Family Size*** | • Enter the number of persons listed on the income tax form as dependent on the reported income, i.e., responsible party, spouse, siblings, etc.<br>• If a participant/responsible party is not required to file income tax, enter a one (1). |
| **Family Size Adjustment** | Enter the number of persons enrolled in another SHCN program: ABI Program HCY Program CYSHCN Program MFAW Program |
| **Field** | **Action** |
| **Total Family Size** | Automated entry populated by the system and is based on the entry in the Family Size field plus the entry in the Family Size Adjustment field. |
| **Comments** | Free text field. |
| **Add New Link** | Opens the Add Financial screen so new income entry can be entered. |
| **Update Link** | Will allow author to change or update entry based on Income Year selected. |
| **Save Link** | Adds the entry to the record. |
| **Cancel Link** | All entry is deleted, and nothing is retained to the record. |
| * = field entry is required; additional fields are provided to record additional items if known. | |

## MFAW Referral Screening

MFAW Referral Screening automates the MFAW Referral Screening Tool and provides an approval/denial field, restricted to MFAW Program Manager only entry.




Approval view:




## MFAW Referral Screening fields

| Field | Action |
|---|---|
| **Date Range*** | Select the appropriate enrollment period to access the Edit Referral Screening screen. |
| **Update Link** | Will allow author to change or update entry based on enrollment period selected and prior to Program Manger approval. |
| * = field entry is required; additional fields are provided to record additional items if known. | |

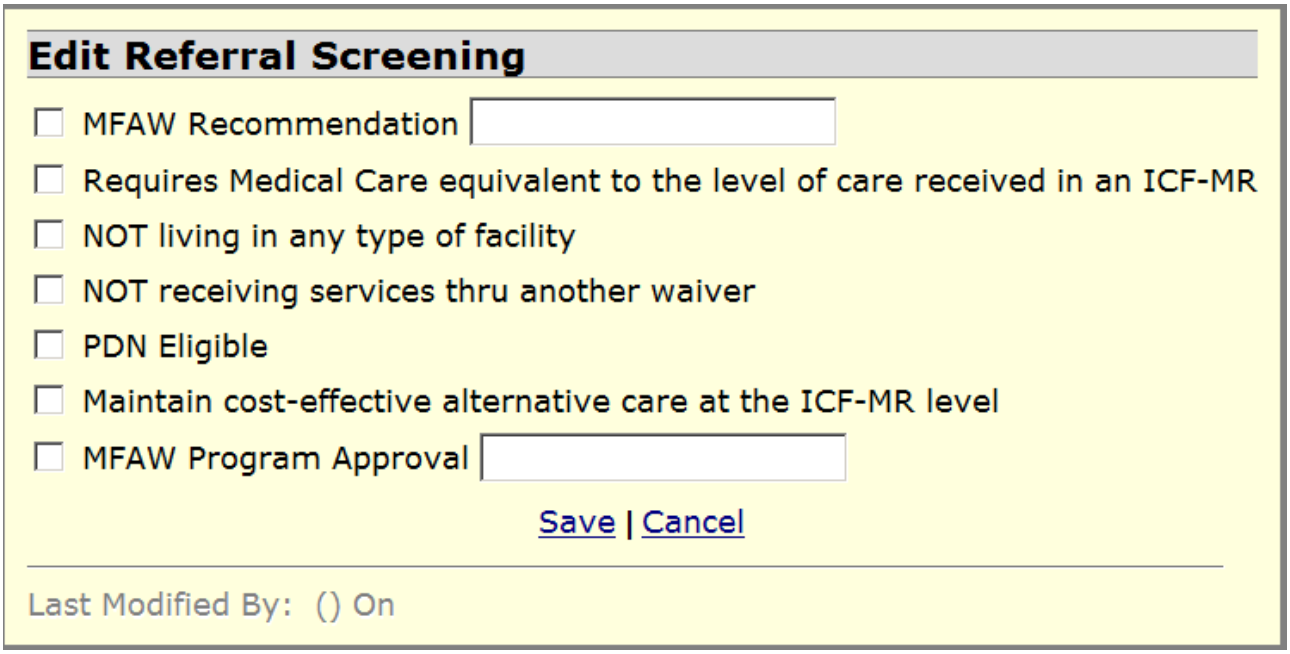
## MFAW Referral Screening – Edit Referral Screening screen

An MFAW Referral Screening can only be completed if a party:

- Intends to be enrolled in the MFAW Paid Service Program.
- Has an MFAW Service Coordination Enrollment.
- Is twenty (20) years of age, or older.

MFAW Paid Service Enrollment cannot be completed until:

- The party is age, twenty-one (21)
- All fields on the MFAW Referral Screening are completed, including the Program Manager approval.

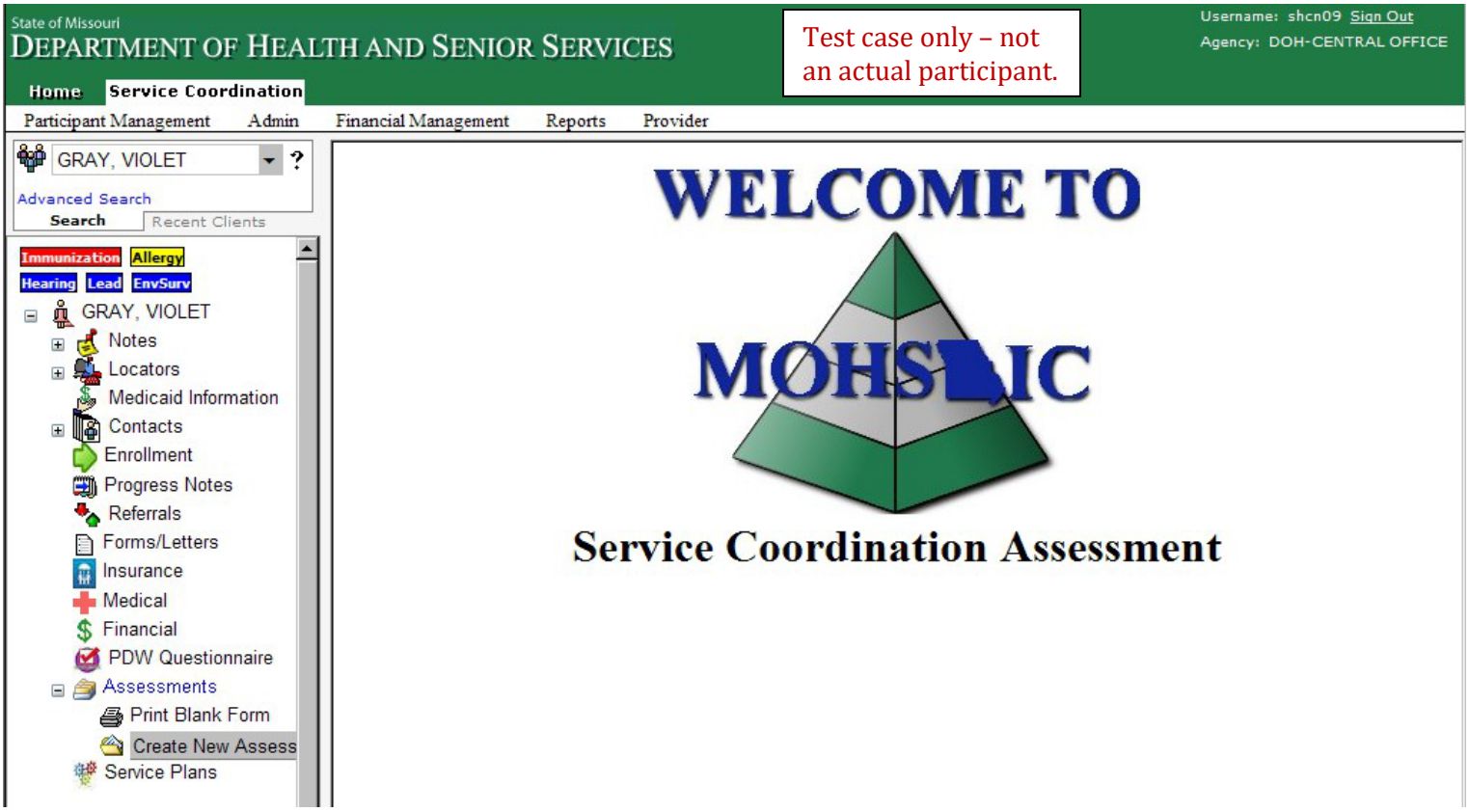


## MFAW Referral Screening – Edit Referral Screening screen (continued)

| Field | Action |
|---|---|
| **MFAW Recommendation*** | Select the checkbox and complete the date the participant is recommended for MFAW program enrollment. |
| **Requires Medical Care Equivalent to the Level of Care Received in an ICF-MR*** | Select the checkbox to signify the participant meets nursing facility level of care. |
| **Not Living in Facility*** | Select the checkbox to signify the participant lives in their own residence; not a nursing facility. |
| **Not Receiving Service from Another Waiver*** | Select the checkbox to signify the participant is not receiving services through any other waiver. |
| **PDN Eligible*** | Select the checkbox to signify the participant is eligible has had a documented need at a Private Duty Nursing level of care.<br>• The level of care can be established from an HCY program enrollment, outside agency, or family/care giver; but the level of care must have been at a Private Duty Nursing level.<br>• Private Duty Nursing is defined as a medical need for a constant level of care exceeding the family's ability to independently care for the person at home on a long-term basis without the assistance of at least four (4) hour shift of home nursing care for each date of service. |
| **Maintain Cost-Effective Alternative Care ICF-MR level*** | Select the checkbox to signify the participant can be maintained in a cost-effective manner at their residence vs. a nursing facility. |
| **MFAW Program Approval*** | This field is restricted; the MFAW Program Manager will select the checkbox and enter the date the MFAW committee approved the participant for MFAW enrollment. This date is equal to the Paid Service enrolled date on the Enrollment screen. |
| **Save Link** | Adds the entry to the record. |
| **Cancel Link** | All entry is deleted, and nothing is retained to the record. |
| * = field entry is required; additional fields are provided to record additional items if known. | |

## Service Coordination Assessments (SCA)

Service Coordination Assessments (SCA) entry is a section in the Participant Management tree.




## Assessment - Sections

The assessment sections are created based on a participant's program enrollment. Not all sections are created for every SHCN program. The following sections are created for all participants, regardless of SHCN program enrollment:

- Participant Miscellaneous
- Health Care Team
- Insurance (Medical/Dental/Vision)
- Military
- Medical Home
- Health/Medical
- Mobility
- Activities of Daily Living (ADL)/Transportation
- Dietary Concerns (age/development appropriate)
- Emotional
- Social/Environmental
- Cognitive Concerns (age/development appropriate)
- Educational/Vocational
- Family Functioning
- Cultural/Belief System
- Current Treatments/Therapies/Services and Needed Referrals
- Safety
- Participant/Family Statement

## Assessment – Sections (continued)

The following sections are created according to a participant's program enrollment:

- Level of Independent Living & Community Participation section **will only load if** a participant is enrolled in the AHI program.
- Quality Assurance section **will only load if** a participant has been continuously enrolled for a six (6) month period.
- Youth Transitions section **will only load if** a participant's age is thirteen (13) to twenty-one (21) at the time of the assessment.

SHCN Program Managers developed all areas of the Assessment with all SHCN programs in mind. All sections are to be reviewed with a participant/responsible party, but a Service Coordinator should use their professional judgment; if a specific section is not applicable, no entry is required.

- An example would be when dealing with an infant and the question concerns transportation. If transportation is an issue for the infant's responsible party, then the area should be addressed.
- There are very few 'N/A' selections to indicate a section is reviewed with a participant/responsible party, but they have no existing issue. If a Service Coordinator feels strongly about documentation when discussion is held, use the comment areas to indicate the selections was addressed but was not applicable.
- If there are no unmet needs or goals identified in the Assessment and the participant/responsible party wishes to remain enrolled, there should be a statement to reflect this in the Participant/Family Statement section.

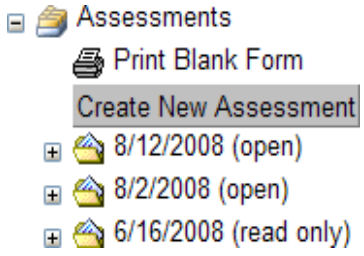
## Assessment - Pre-Population

The 'initial' Assessment will not have any pre-populated information. All subsequent Assessments will pre-populate from preceding Assessment entry. It is the Service Coordinator's responsibility to appropriately edit all areas each time a new assessment is created. If the last Assessment entry is more than eighteen (18) months ago, the new Assessment will be created without any pre-populated information.

## Assessment – Multiple Assessment Display

Each participant record displays an historical list of Assessments. If an 'open' Assessment exists, but an additional Assessment needs to be entered (due to transitional changes) contact Central Office staff.

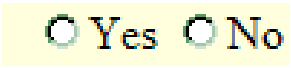
An 'Open' Assessment is viewable by any user but only the author of the Assessment can enter/update information. An 'Open' Assessment automatically changes to a 'Read Only' status after sixty (60) days from the date the Assessment was first created. After this time period no user (not even the author) is able to do any entry.



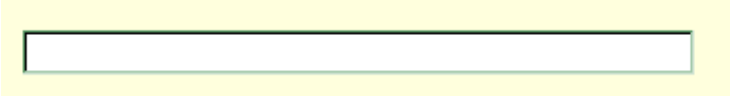
## Assessment – Fields and Functions

- Users can copy/paste into the various fields from other electronic documents.
- Check-box fields allow multiple selections to be made.

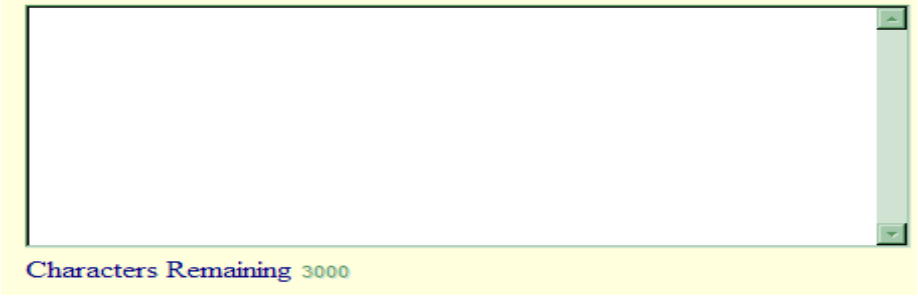

- Radio button fields can be left blank, but once the user makes an initial choice in either field the user cannot return both fields to blank.




- One-line comment fields allow 255 characters to be stored. After the entry exceeds 255 characters a user will no longer be able to do more entry in the field.



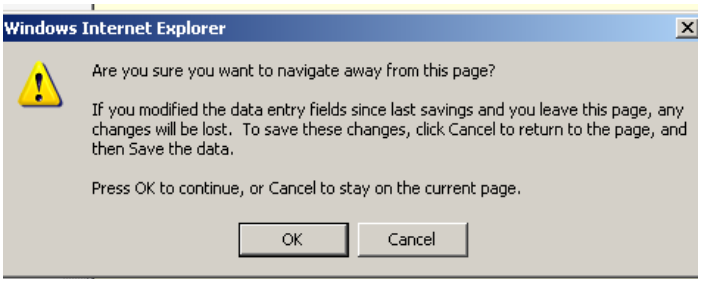
- Larger comment fields allow 3000 characters to be entered. A counter is provided at the lower right of each large comment field.




✓ After entry exceeds an allowed amount, a user will receive a 'text box overflow' message.


## Assessment – Navigation Warning Screen

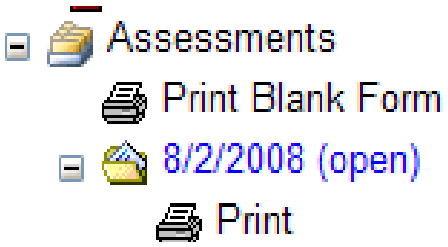
When a user changes from one section of the Assessment to another section, the system displays a notification that any changes will not be saved unless the 'save' button was selected.



## Assessment – Print Blank Form vs. Print

There are two (2) print options:

- **Print Blank Form** allows a user to print a totally blank Assessment (all sections regardless of program enrollment) that is specific to the participant whose record is currently being viewed in the 'Tree'.
- **Print** allows a user to print the dated Assessment and includes all the information that was entered.



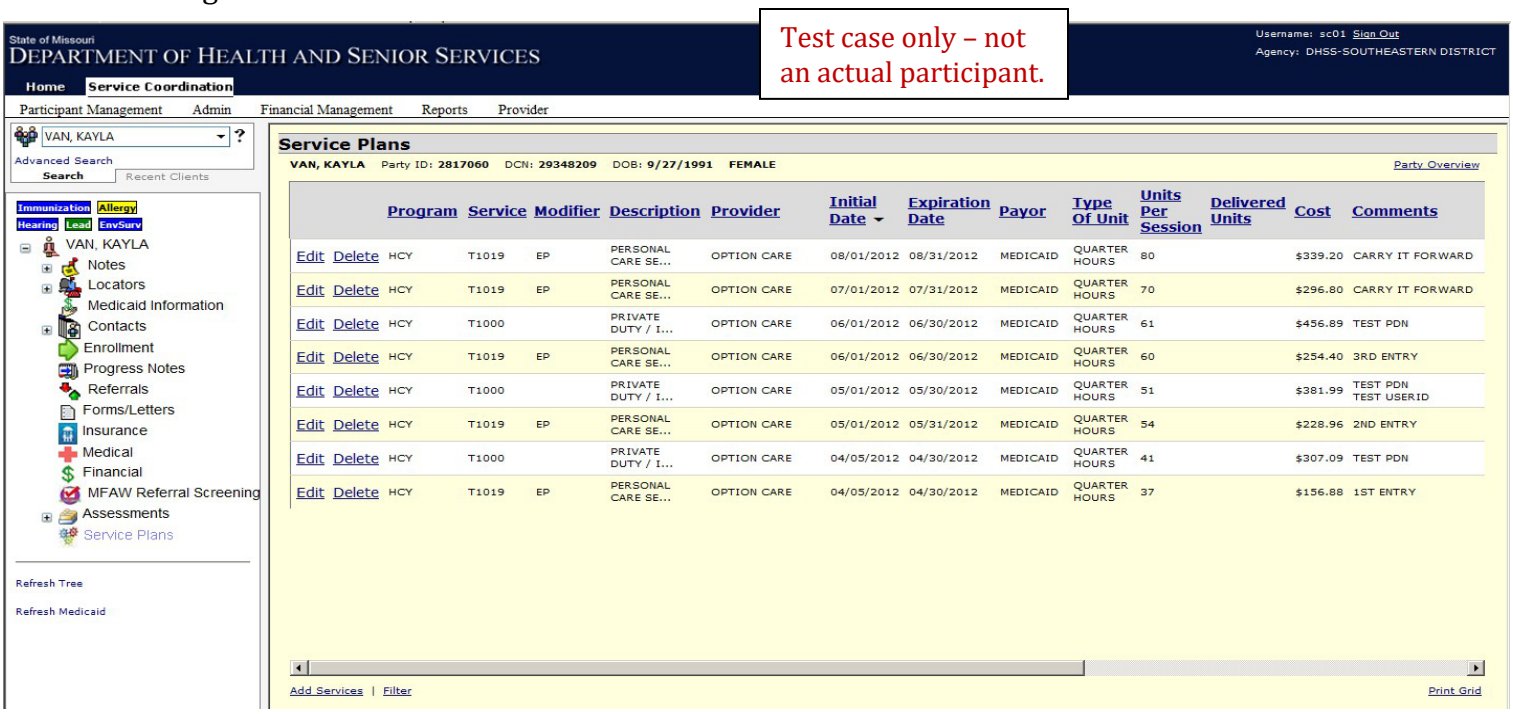

## Assessment – Print Blank SCA

Some CO users have the ability to print a totally blank Assessment (no participant demographic information) when the user hovers over the Participant Management submenu.

## Service Plans

Service Plan entry records:

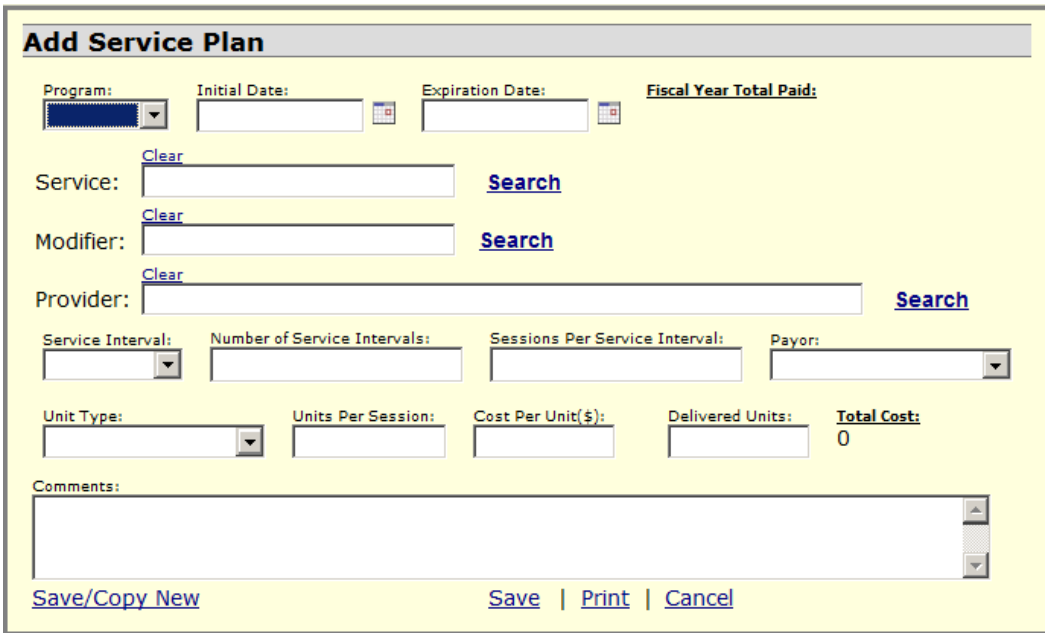
- All known CYSHCN Paid Service Program expenditures.
- Authorization of ABI Program rehabilitation services.
- Authorization of medically necessary services for both the HCY Paid Service Program and MFAW Paid Service Program.




## Service Plans – Add Service Plan Link

To enter new service plan entries, select the Add Services link. The Add Service Plan screen will allow a user to complete service plan entries. Service Plan screen entries can only be completed if there is an active Paid Service program enrollment.

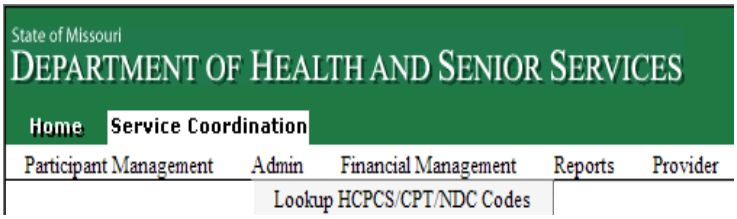
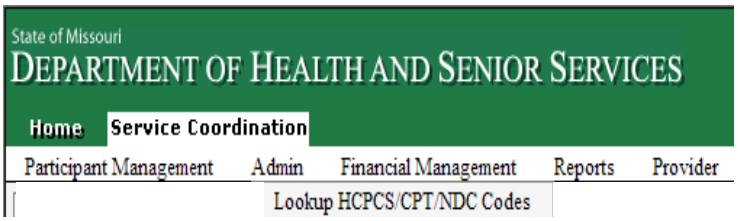
- **All service plan entries for the ABI Program, HCY Program or MFAW Program should be no longer than a one (1) month period**, i.e., quarterly, or bi-annual entries are now completed as three (3) or six (6) individual entries.
- **CYSHCN Program service plan entries** may extend for up to twelve (12) months but **may not cross State Fiscal Years**.
- When a Monitoring Log is received from a DME provider of supplies, the service plan entry should be as follows:
  - ✓ If a provider delivered the amount (cost) authorized, enter 1 (one) in the Delivered Units field.
  - ✓ If a provider did not deliver the amount (cost) authorized, enter 0 (zero) in the Delivered Units field. The actual amount (cost) delivered should be entered in the Comments field, with initials and date.




## Service Plans – Add Service Plan Link (continued)

| Field | Action |
|---|---|
| **Program*** | Select the appropriate Paid Service Program name. The dropdown lists all SHCN programs (ABI, CYSHCN, HCY, or MFAW). |
| **Initial Date*** | Enter the begin date, in the date range, for the service.<br>• If the service is a day or one time only service, enter the day on which the service is to be delivered.<br>• If the service is weekly, enter the 1st day of the week in which the service is to be delivered.<br>• If the service is monthly, enter the 1st day of the month in which the service is to be delivered.<br>• If the service is yearly, enter the 1st day of the year in which the service is to be delivered. |
| **Expiration Date*** | Enter the last date, in the date range, for the service.<br>• If the service is a day or one time only service, enter the same date entered in the Initial Date field.<br>• If the service is weekly, enter the last day of the week in which the service is to be delivered.<br>• If the service is monthly, enter the last day of the month in which the service is to be delivered.<br>• If the service is yearly, enter the last day of the year in which the service is to be delivered. |
| **Fiscal Year Total Paid** | An automated field entry based on paid claims (SHCN only) for the current fiscal year. |

## Service Plans – Add Service Plan Link (continued)

| Field | Action |
|---|---|
| **Service*** | Type the Service Code or Key Word/Phrase for the service and select the Search link.<br>• If there are no search results, access the ADMIN section of MOHSAIC to conduct a HCPCS/CPT/NDC search for the correct service code or term.<br>• Contact an SHCN Central Office Staff Person to request additional assistance if unable to locate a service/service code in the system.<br>Note:<br>• If a user entered a Service Code that automated the entry of additional fields (Modifier, Service or Unit fields), the user must select the Clear Link on both the Service field and Modifier field before a new search will display accurate results. The automated entry from the first search is not replaced by results from subsequent searches.<br>To view HCPCS/CPT/NDC codes by program, open a separate tab in the Internet Explorer window and select the Lookup HCPCS/CPT/NDC Code option under the ADMIN menu item<br>  |
| **Modifier** (for HCY Program or MFAW Program only) | Enter the Modifier Code and select the Search link.<br>• If there are no search results, access the ADMIN section of MOHSAIC to conduct a HCPCS/CPT/NDC search for the correct modifier code.<br>• Contact an SHCN Central Office Staff Person to request additional assistance if unable to locate a modifier code in the system.<br>To view HCPCS/CPT/NDC codes by program, open a separate tab in the Internet Explorer window and select the Lookup HCPCS/CPT/NDC Code option under the ADMIN menu item<br>  |
| **Provider*** | Type the name of the provider (as it is listed in the Provider section of MOHSAIC system) and select the Search link.<br>• If there are no search results, access the Provider section of MOHSAIC to conduct a search for the correct name of the provider.<br>• Contact an SHCN Central Office Staff Person to request additional assistance if unable to locate a provider in the system. |

## Service Plans – Add Service Plan Link (continued)

| Field | Action |
|---|---|
| **Service Interval*** | • If the Service field entry does not pre-populate this field, the CYSHCN Program must select the appropriate Service Interval to describe how the service is to be delivered, i.e., Day, Month, One Time, Week, or Year.<br>• The ABI Program, HCY Program, and MFAW Program entry is automated according to the Service Code entry. |
| **Number of Service Intervals*** | • This entry is the number of Service Intervals (number of weeks or number of months) in an authorized period for CYSHCN services to be delivered.<br>  ○ If the field is pre-populated from Service code entry, the pre-populated entry should remain, and calculation will be based on Units Per Session field entry.<br>• The ABI Program, HCY Program, and MFAW Program entry is automated according to the Service Code entry. |
| **Sessions per Service Interval*** | • The entry is always one (1) for all CYSHCN services to be delivered.<br>• The ABI Program, HCY Program, and MFAW Program entry is automated according to the Service Code entry. |
| **Payor*** | • The CYSHCN Program must select the appropriate option to describe how the service will be paid for, i.e., an SHCN program, Family, Insurance or MO HealthNet.<br>• The ABI Program, HCY Program, and MFAW Program entry is automated according to the Service Code entry. |
| **Unit Type*** | • The CYSHCN Program must select the appropriate Unit Type to describe how the service is to be delivered, i.e., Full Days, Half Days, Half Hours, Hours, Miles, Minutes, Months, Per Cubic Feet, Per Quarter, Per Visit, Quarter Hours, Quarter Years, Single Unit, Visit, Weeks, Years.<br>• The ABI Program, HCY Program, and MFAW Program entry is automated according to the Service Code entry. |
| **Units Per Session*** | Enter the appropriate number of units for service delivery for the service interval. |
| **Cost Per Unit(s) *** | • Enter the cost of the service Usual and Customary Rate (UCR) by units for CSYCHN Program. Interpreter and Therapy Service Code entry auto populates this field for CYSHCN Program.<br>• Service Code entry auto populates this field entry for ABI Program, HCY Program, and MFAW Program. |

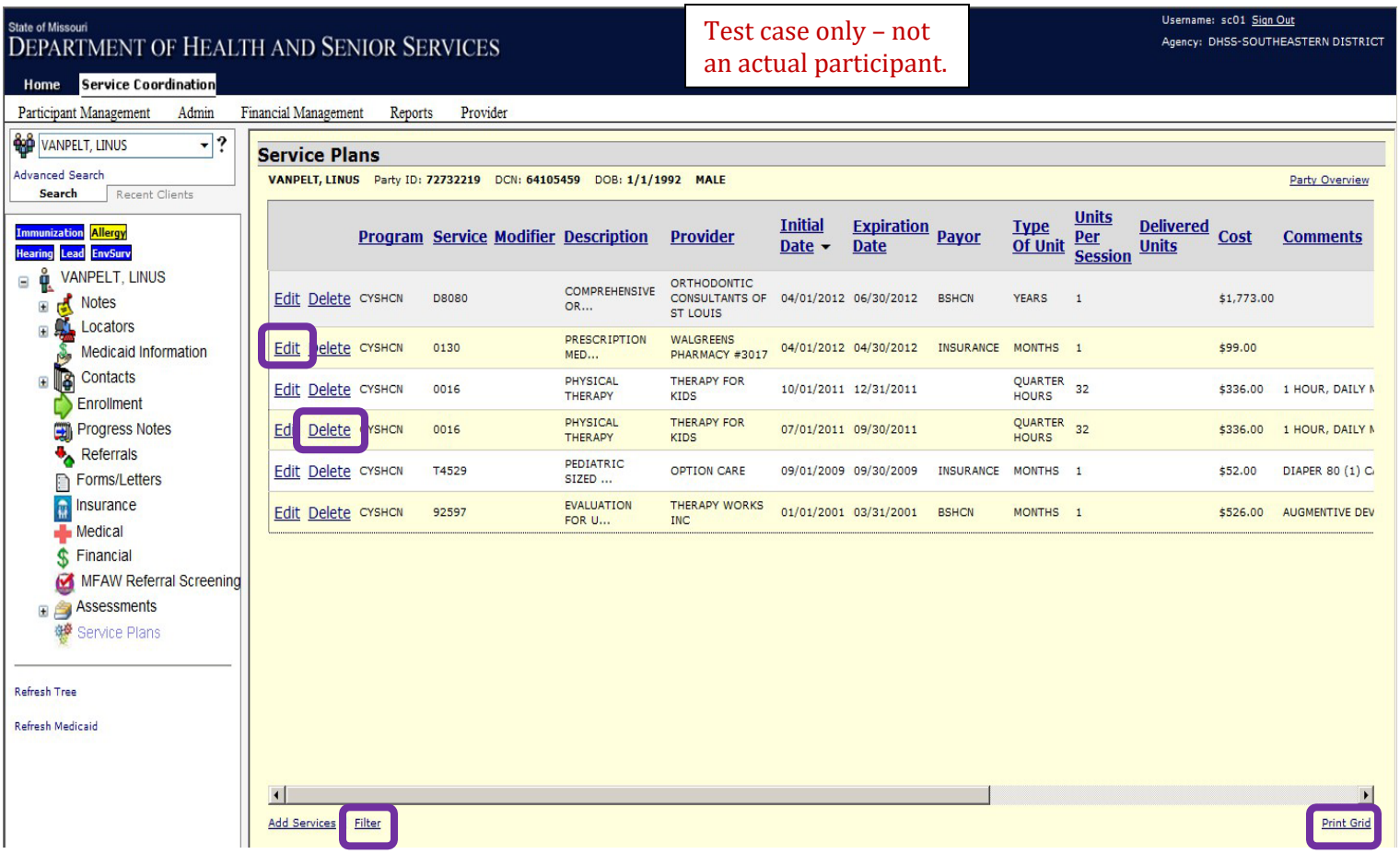
## Service Plans – Add Service Plan Link (continued)

| Field | Action |
|---|---|
| **Delivered Units (HCY or MFAW only)** | Enter the number of units delivered, as reported on the Provider Monitoring Log.<br><br>MFAW Supply Delivered Unit entry shall be based on Monitoring log information:<br>• If a provider delivered the total amount authorized (cost per unit field), enter one (1) in the Delivered Units field.<br>• If a provider did not deliver the total amount authorized (cost per unit field), enter zero (0) in the Delivered Units field. The actual amount (cost) delivered should be entered in the Comments field, with initials and date. |
| **Total Cost** | System automatically calculates the Total Cost based on the Unit Per Session field entry multiplied by the Cost Per Unit(s) field entry. |
| **Comments*** | This is a free text field to capture any additional details regarding the service. |
| | If the entry is a change from the original entry an explanation shall be entered by the ABI Program, HCY Program, and MFAW Program.<br><br>HCY Program and MFAW Program Comment Field entry should always be:<br>• Delivery Outline (if changed)<br>• Delivery Outline (initial)<br>• Monitoring Log or other entry |
| | CYSHCN must enter the calculation for all expenses.<br><br>UCR<br>x Quantity per Month<br>Monthly UCR<br>x Reimbursement Rate<br>CYSHCN Monthly Reimbursement<br>x Number of Months in Authorization Period<br>Total Authorized Reimbursement Amount |
| **Save/Copy/New Link** | This link will save the original entry and replicates all field entries on the Add Service Plan screen, except the Initial Date field and Expiration Date field.<br><br>This allows multiple service plan entries to be completed simply by changing the dates in the Initial Date field and Expiration Date field. |
| **Field** | **Action** |
| **Save Link** | Adds the entry to the record. |
| **Cancel Link** | All entry is deleted, and nothing is retained to the record. |
| * = field entry is required; additional fields are provided to record additional items if known. | |

## Service Plans – Edit Link and Delete Link

Service Plan screen displays the following links:

- The Edit link allows any user to change or update a specific Service Plan entry.
- If entry is completed in error the author has a Delete link, to remove the entry, if the delete function is done within the allotted time set by the system. (See the **Entry Deletes** section of the guide.)
- The Print Grid Link will display a PDF version of the entire Service Plan screen.
- The Filter link allows the Service Plan screens to be filtered according to certain selections (similar to the Progress Note Filter function).



## Service Plans – Edit Link – Original Authorized Units field (HCY or MFAW only)

The 'Original Authorized Units' field will retain the original number of units from the original Prior Authorization form. (This excludes any edits that occur within the 48 hour edit period, after the 48 hour period passes the 'Original Authorized Units' field cannot be edited.)

The 'Units per Session' field records the authorized units from an original Prior Authorization form or a 'Change' Prior Authorization form.

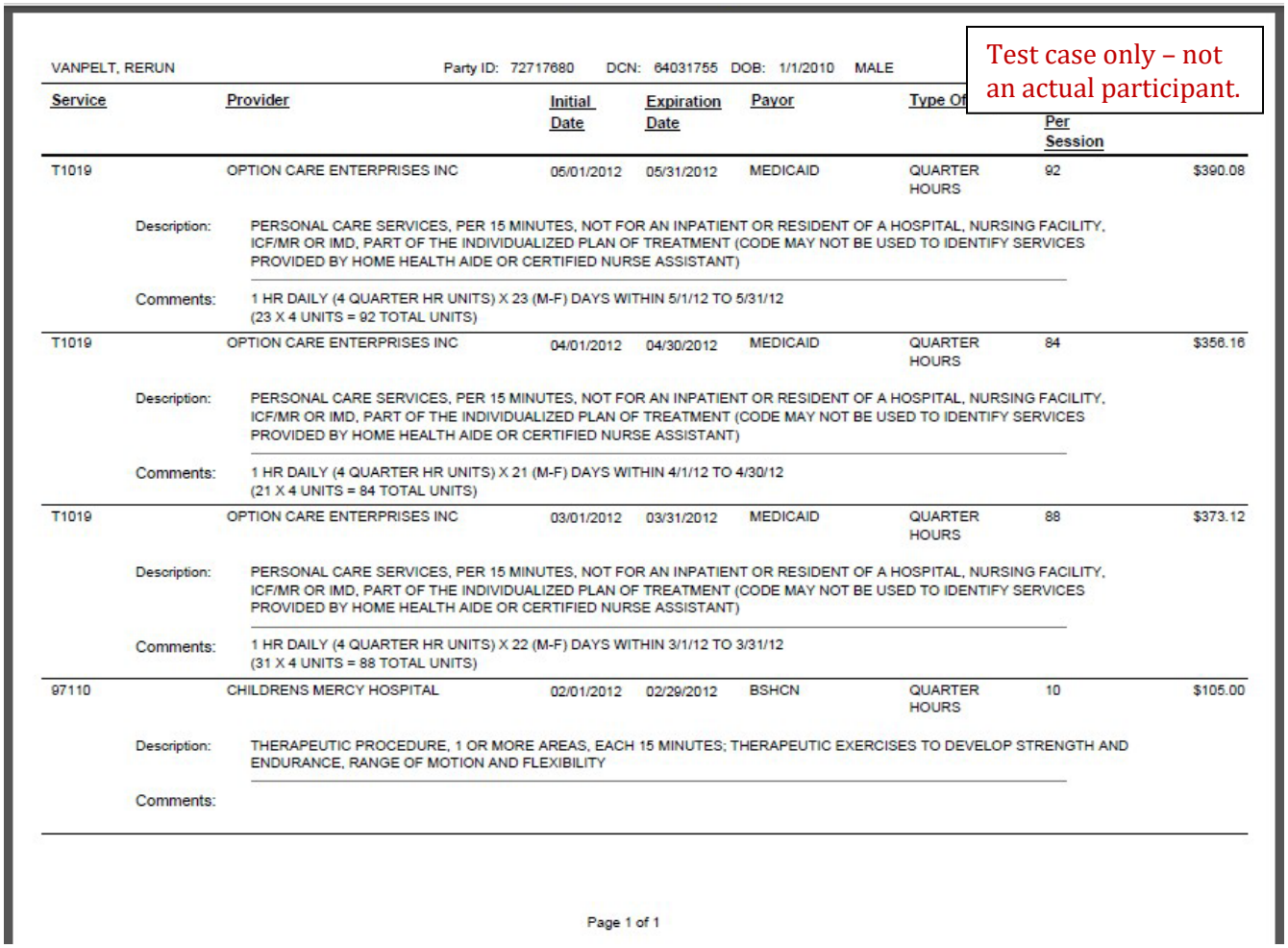
- When changes are authorized (Change Prior Authorization form), the 'Units Per Session' field is to be updated to reflect the number of units authorized on the Change Prior Authorization form.
- Entry of the authorized units from the Change Prior Authorization form will not alter the number of units displayed in the 'Original Authorized Units' field.
- The 'Original Authorized Units' field will continue to reflect the number of units authorized on the original Prior Authorization form.

The 'Comments' field will contain:

- Why a change in authorized units occurred (i.e., due to hospitalization) and the date of the action.
- The final number of units delivered, as reported on the providers' Monitoring Log and the date of the action.

## Service Plans – Print Grid Link

The Print Grid Link will display a PDF version of the entire Service Plan screen.



VANPELT, RERUN Party ID: 72717680 DCN: 64031755 DOB: 1/1/2010 MALE

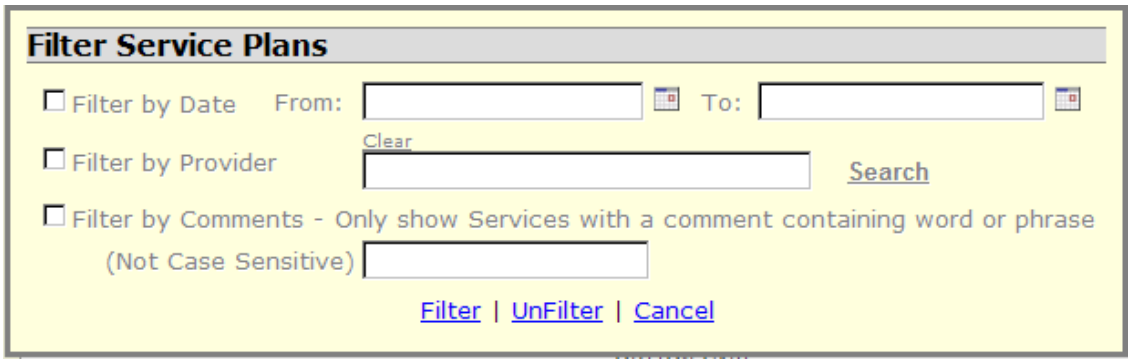
Test case only – not an actual participant.

| Service | Provider | Initial Date | Expiration Date | Payor | Type Of | Per Session | |
|---|---|---|---|---|---|---|---|
| T1019 | OPTION CARE ENTERPRISES INC | 05/01/2012 | 05/31/2012 | MEDICAID | QUARTER HOURS | 92 | $390.08 |
| | Description: PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF TREATMENT (CODE MAY NOT BE USED TO IDENTIFY SERVICES PROVIDED BY HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT) | | | | | | |
| | Comments: 1 HR DAILY (4 QUARTER HR UNITS) X 23 (M-F) DAYS WITHIN 5/1/12 TO 5/31/12 (23 X 4 UNITS = 92 TOTAL UNITS) | | | | | | |
| T1019 | OPTION CARE ENTERPRISES INC | 04/01/2012 | 04/30/2012 | MEDICAID | QUARTER HOURS | 84 | $356.16 |
| | Description: PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF TREATMENT (CODE MAY NOT BE USED TO IDENTIFY SERVICES PROVIDED BY HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT) | | | | | | |
| | Comments: 1 HR DAILY (4 QUARTER HR UNITS) X 21 (M-F) DAYS WITHIN 4/1/12 TO 4/30/12 (21 X 4 UNITS = 84 TOTAL UNITS) | | | | | | |
| T1019 | OPTION CARE ENTERPRISES INC | 03/01/2012 | 03/31/2012 | MEDICAID | QUARTER HOURS | 88 | $373.12 |
| | Description: PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF TREATMENT (CODE MAY NOT BE USED TO IDENTIFY SERVICES PROVIDED BY HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT) | | | | | | |
| | Comments: 1 HR DAILY (4 QUARTER HR UNITS) X 22 (M-F) DAYS WITHIN 3/1/12 TO 3/31/12 (31 X 4 UNITS = 88 TOTAL UNITS) | | | | | | |
| 97110 | CHILDRENS MERCY HOSPITAL | 02/01/2012 | 02/29/2012 | BSHCN | QUARTER HOURS | 10 | $105.00 |
| | Description: THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY | | | | | | |
| | Comments: | | | | | | |

Page 1 of 1

## Service Plans – Filter Link

The Filter Service Plan screen will allow a user to sort service plan entries by date, by provider or by a word/phrase.

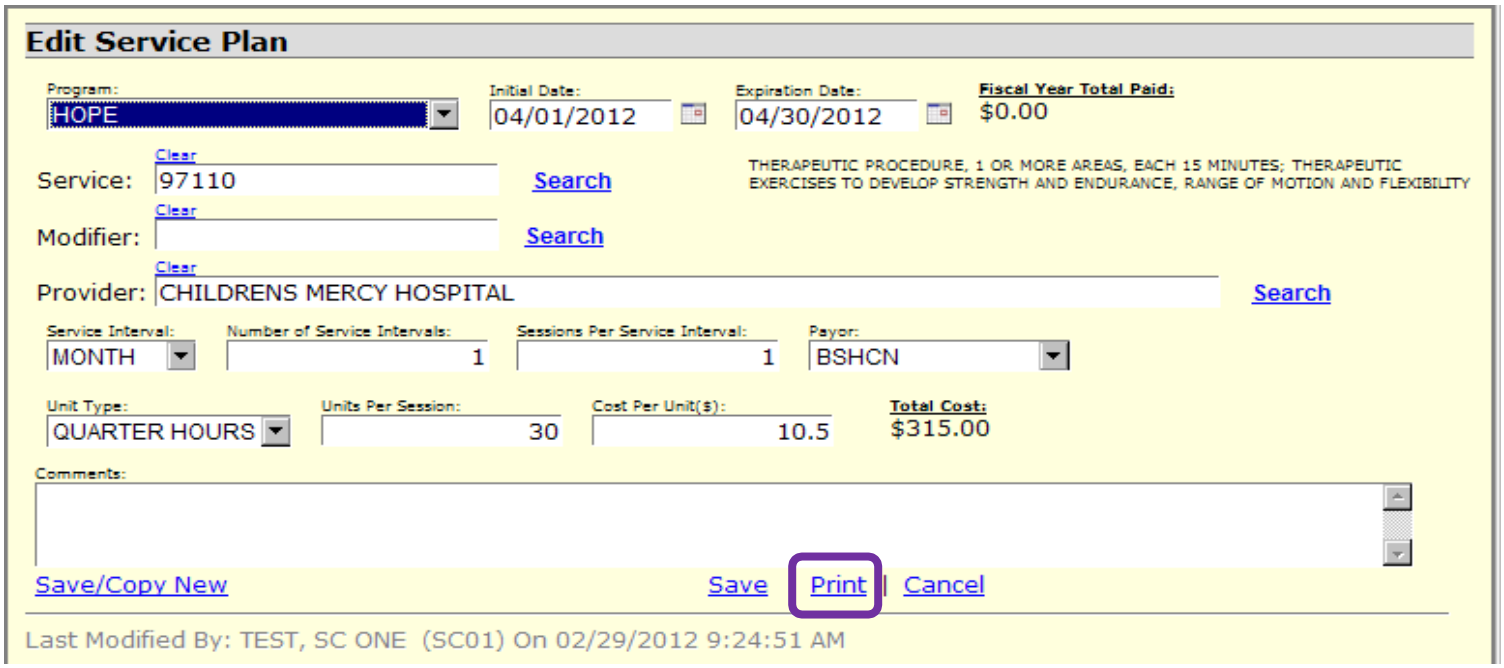


## Service Plans – Filter Link (continued)

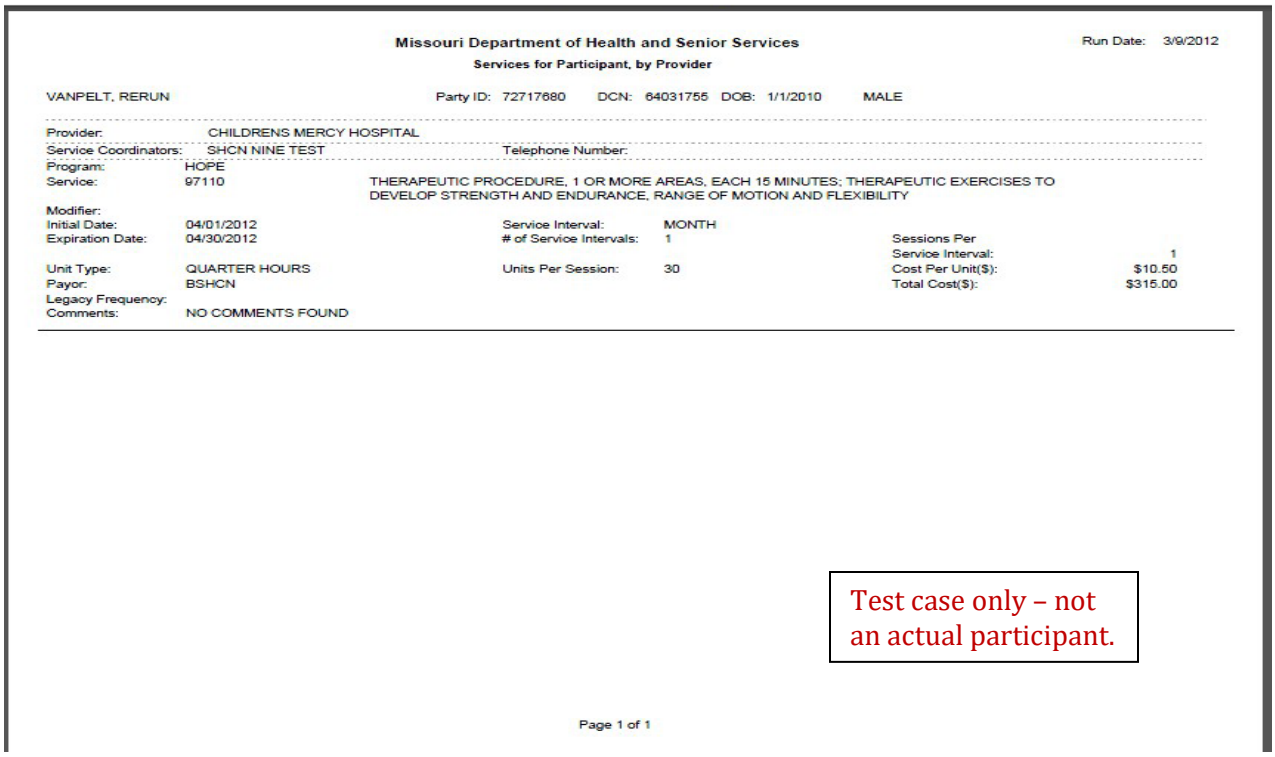
| Field | Action |
|---|---|
| **Filter by Date** | With the checkbox selected, the system automatically inserts the current date in the date (From/To) fields. Change the entry date to view a different date/date range. |
| **From** | This field is the first date, in a date range, that a user wants to use to sort the Service Plan screen. Example July 1 is the first date of a State Fiscal Year. |
| **To** | This field is the last date, in a date range, that a user wants to use to sort the Service Plan screen. Example June 30 is the last date of a State Fiscal Year. |
| **Filter by Provider** | With the check box selected, a user is allowed to enter the specific name of a provider to use to sort the Service Plan screen entries by provider. |
| **Filter by Comments** | With the checkbox selected, a user is allowed to enter a word or phrase to use to sort the Service Plan screen entries by the text entered in the Filter by Comments field.<br>Example:<br>In the free text field, the entry is 'measles'. When the Filter link is selected the system will only display Service Plan entries with the word 'measles' in the Service Plan entry. |
| **Filter Link** | Select the Filter Link to cause the options selected on the screen to be carried out.<br>The Service Plan screen will be sorted to match the option selected; all other entries will be hidden from view. |
| **UnFilter Link** | Select the UnFilter Link to cancel the Filter Link option and return the Service Plan screen to its normal view. |
| **Cancel Link** | All entry is deleted, and nothing is retained to the record. |

## Edit Service Plan – Print Link

The Service Plan Print Link will display a PDF version of a specific Service Plan.



## Edit Service Plan – Print Link (continued)



Missouri Department of Health and Senior Services

Run Date: 3/9/2012

Services for Participant, by Provider

VANPELT, RERUN  Party ID: 72717680  DCN: 64031755  DOB: 1/1/2010  MALE

Provider: CHILDRENS MERCY HOSPITAL
Service Coordinators: SHCN NINE TEST  Telephone Number:
Program: HOPE
Service: 97110  THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY
Modifier:
Initial Date: 04/01/2012  Service Interval: MONTH
Expiration Date: 04/30/2012  # of Service Intervals: 1  Sessions Per Service Interval: 1
Unit Type: QUARTER HOURS  Units Per Session: 30  Cost Per Unit($): $10.50
Payor: BSHCN  Total Cost($): $315.00
Legacy Frequency:
Comments: NO COMMENTS FOUND

Test case only – not an actual participant.

Page 1 of 1

## Service Plans – Edit Service Plan - Print Authorization Request Link (Only Displays for HCY Program or MFAW Program)

To print an HCY or MFAW Program Prior Authorization form, select the Prior Authorization Request link from any Service Plan screen.

Edit Service Plan

Program: HEALTHY CHILDREN AND YOUTH  Initial Date: 04/01/2012  Expiration Date: 04/30/2012  Fiscal Year Total Paid: $0.00

Service: Clear T1019 Search  PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF

Modifier: Clear EP Search  SERVICE PROVIDED AS PART OF MEDICAID EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) PROG

Provider: Clear OPTION CARE ENTERPRISES INC Search

Service Interval: MONTH  Number of Service Intervals: 1  Sessions Per Service Interval: 1  Payor: MEDICAID

Unit Type: QUARTER HOURS  Units Per Session: 84  Cost Per Unit($): 4.24  Original Authorized Units: 84  Total Cost: $356.16

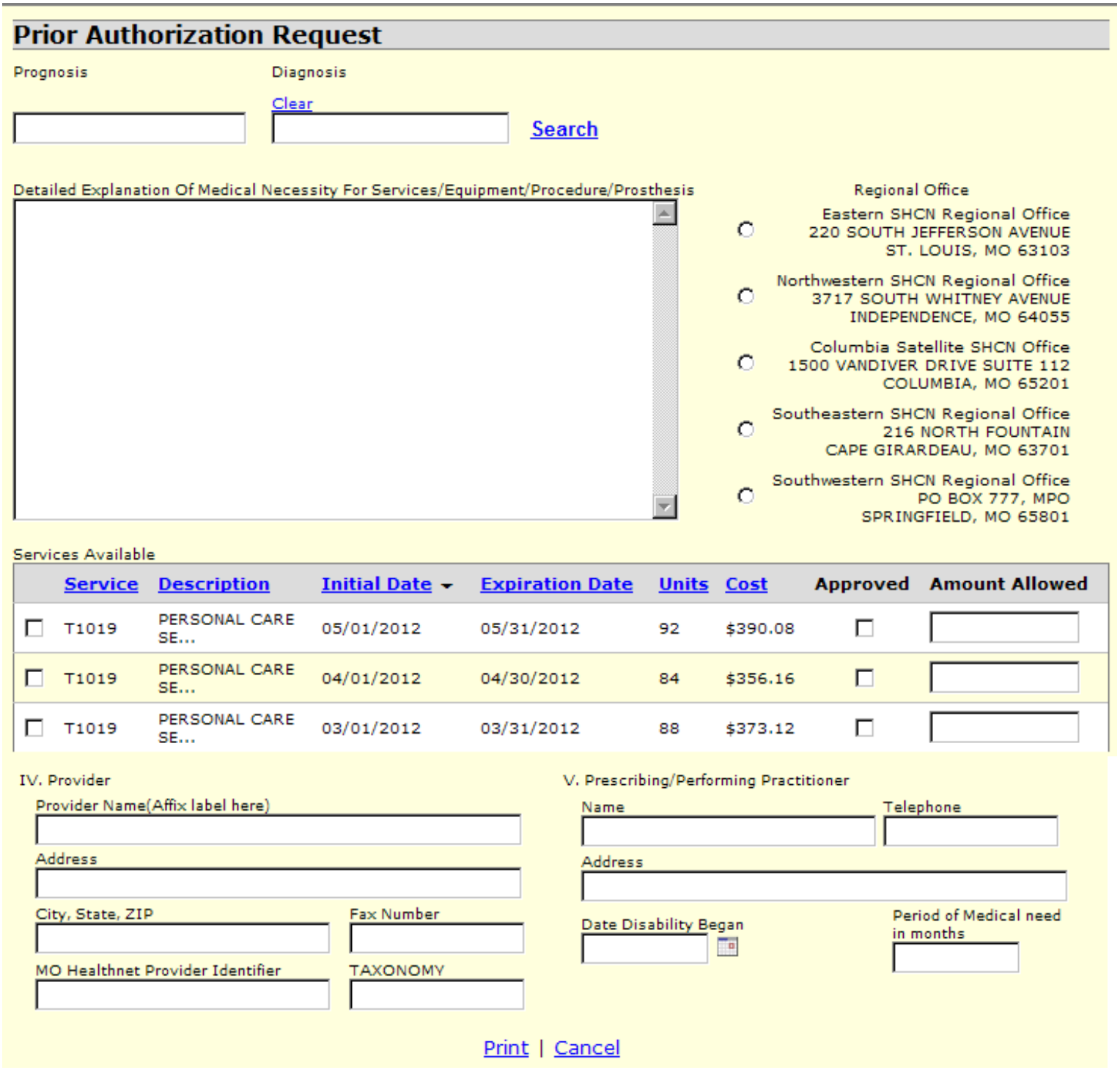
Comments:
1 HR DAILY (4 QUARTER HR UNITS) X 21 (M-F) DAYS WITHIN 4/1/12 TO 4/30/12
(21 X 4 UNITS = 84 TOTAL UNITS)

Save/Copy New  Prior Authorization Request  Save | Print | Cancel

Last Modified By: TEST, SC ONE (SC01) On 02/28/2012 4:07:19 PM

## Service Plans – Prior Authorization Request Link (Only Displays for HCY Program or MFAW Program)

The Prior Authorization Request link will display a separate screen so additional Prior Authorization Form fields can be entered, and the Prior Authorization Form can be printed for submission to MHN contracted billing service.



Prior Authorization Request

Prognosis

Diagnosis

Clear

Search

Detailed Explanation Of Medical Necessity For Services/Equipment/Procedure/Prosthesis

Regional Office

- Eastern SHCN Regional Office 220 SOUTH JEFFERSON AVENUE ST. LOUIS, MO 63103
- Northwestern SHCN Regional Office 3717 SOUTH WHITNEY AVENUE INDEPENDENCE, MO 64055
- Columbia Satellite SHCN Office 1500 VANDIVER DRIVE SUITE 112 COLUMBIA, MO 65201
- Southeastern SHCN Regional Office 216 NORTH FOUNTAIN CAPE GIRARDEAU, MO 63701
- Southwestern SHCN Regional Office PO BOX 777, MPO SPRINGFIELD, MO 65801

Services Available

| | Service | Description | Initial Date | Expiration Date | Units | Cost | Approved | Amount Allowed |
|---|---|---|---|---|---|---|---|---|
| ☐ | T1019 | PERSONAL CARE SE... | 05/01/2012 | 05/31/2012 | 92 | $390.08 | ☐ | |
| ☐ | T1019 | PERSONAL CARE SE... | 04/01/2012 | 04/30/2012 | 84 | $356.16 | ☐ | |
| ☐ | T1019 | PERSONAL CARE SE... | 03/01/2012 | 03/31/2012 | 88 | $373.12 | ☐ | |

IV. Provider

Provider Name(Affix label here)

Address

City, State, ZIP

Fax Number

MO Healthnet Provider Identifier

TAXONOMY

V. Prescribing/Performing Practitioner

Name

Telephone

Address

Date Disability Began

Period of Medical need in months

Print | Cancel

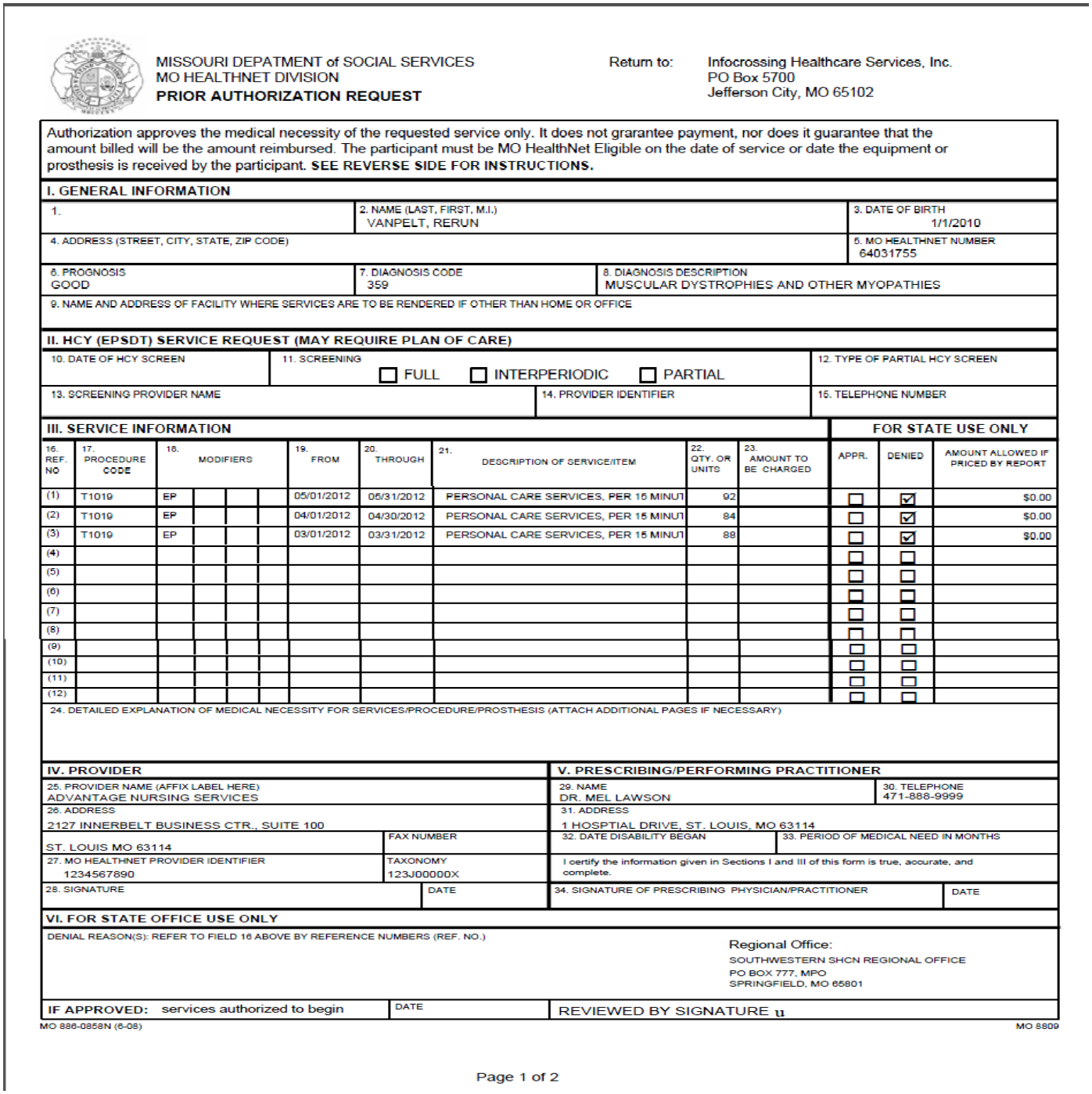
## Service Plans – Prior Authorization Request Link (Only Displays for HCY Program or MFAW Program) (continued)

| Field | Action |
|---|---|
| **Prognosis*** | Free Text; enter the participants prognosis submitted by the Provider Agency on the Plan of Care (485). |
| **Diagnosis*** | • Enter the participant's diagnosis as submitted by the Provider Agency on the Plan of Care (485).<br>• Entry can be typed as the Diagnosis Code or Diagnosis Description and then select the Search link. |
| **Detailed Explanation of Medical Necessity for Services/Equipment/ Procedures/Prosthesis** | Free Text; enter the participant's Medical Necessity statement submitted by the Provider Agency on the Plan of Care (485). |
| **Regional Office*** | Select the appropriate SHCN Regional Office. |
| **Services Available*** | Select all appropriate services.<br>Example:<br>➢ If a Prior Authorization is for a three (3) month approval period, select the three (3) months of service from the list of service plan entries. |
| **Provider (Section IV) *** | Free Text; enter the participant's provider information submitted by the Provider Agency on the Plan of Care (485). |
| **Prescribing/Performing Practitioner (Section V) *** | Free Text; enter the participant's practitioner information submitted by the Provider Agency on the Plan of Care (485). |
| **Cancel Link** | All entry is deleted, and nothing is retained to the record. |
| * = field entry is required; additional fields are provided to record additional items if known. | |

# Service Plans – Prior Authorization Request screen - Print Link (Only Displays for HCY Program or MFAW Program)

The Print Link from the Prior Authorization Request screen will display a PDF of the completed HCY Program or MFAW Program Prior Authorization form.

The PDF is to be printed, signed/dated by the appropriate party, and submitted to MHN (InfoCrossing Healthcare Services, Inc.) for processing.



MISSOURI DEPATMENT of SOCIAL SERVICES
MO HEALTHNET DIVISION
**PRIOR AUTHORIZATION REQUEST**

Return to: Infocrossing Healthcare Services, Inc.
PO Box 5700
Jefferson City, MO 65102

Authorization approves the medical necessity of the requested service only. It does not grarantee payment, nor does it guarantee that the amount billed will be the amount reimbursed. The participant must be MO HealthNet Eligible on the date of service or date the equipment or prosthesis is received by the participant. **SEE REVERSE SIDE FOR INSTRUCTIONS.**

**I. GENERAL INFORMATION**

| 1. | 2. NAME (LAST, FIRST, M.I.) | 3. DATE OF BIRTH |
|---|---|---|
| | VANPELT, RERUN | 1/1/2010 |
| 4. ADDRESS (STREET, CITY, STATE, ZIP CODE) | | 5. MO HEALTHNET NUMBER |
| | | 64031755 |

| 6. PROGNOSIS | 7. DIAGNOSIS CODE | 8. DIAGNOSIS DESCRIPTION |
|---|---|---|
| GOOD | 359 | MUSCULAR DYSTROPHIES AND OTHER MYOPATHIES |

9. NAME AND ADDRESS OF FACILITY WHERE SERVICES ARE TO BE RENDERED IF OTHER THAN HOME OR OFFICE

**II. HCY (EPSDT) SERVICE REQUEST (MAY REQUIRE PLAN OF CARE)**

| 10. DATE OF HCY SCREEN | 11. SCREENING | 12. TYPE OF PARTIAL HCY SCREEN |
|---|---|---|
| | ☐ FULL ☐ INTERPERIODIC ☐ PARTIAL | |
| 13. SCREENING PROVIDER NAME | 14. PROVIDER IDENTIFIER | 15. TELEPHONE NUMBER |
| | | |

**III. SERVICE INFORMATION** — **FOR STATE USE ONLY**

| 16. REF. NO | 17. PROCEDURE CODE | 18. MODIFIERS | 19. FROM | 20. THROUGH | 21. DESCRIPTION OF SERVICE/ITEM | 22. QTY. OR UNITS | 23. AMOUNT TO BE CHARGED | APPR. | DENIED | AMOUNT ALLOWED IF PRICED BY REPORT |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) | T1019 | EP | 05/01/2012 | 05/31/2012 | PERSONAL CARE SERVICES, PER 15 MINUT | 92 | | ☐ | ☑ | $0.00 |
| (2) | T1019 | EP | 04/01/2012 | 04/30/2012 | PERSONAL CARE SERVICES, PER 15 MINUT | 84 | | ☐ | ☑ | $0.00 |
| (3) | T1019 | EP | 03/01/2012 | 03/31/2012 | PERSONAL CARE SERVICES, PER 15 MINUT | 88 | | ☐ | ☑ | $0.00 |
| (4) | | | | | | | | ☐ | ☐ | |
| (5) | | | | | | | | ☐ | ☐ | |
| (6) | | | | | | | | ☐ | ☐ | |
| (7) | | | | | | | | ☐ | ☐ | |
| (8) | | | | | | | | ☐ | ☐ | |
| (9) | | | | | | | | ☐ | ☐ | |
| (10) | | | | | | | | ☐ | ☐ | |
| (11) | | | | | | | | ☐ | ☐ | |
| (12) | | | | | | | | ☐ | ☐ | |

24. DETAILED EXPLANATION OF MEDICAL NECESSITY FOR SERVICES/PROCEDURE/PROSTHESIS (ATTACH ADDITIONAL PAGES IF NECESSARY)

**IV. PROVIDER**

| 25. PROVIDER NAME (AFFIX LABEL HERE) | | 26. ADDRESS |
|---|---|---|
| ADVANTAGE NURSING SERVICES | | 2127 INNERBELT BUSINESS CTR., SUITE 100 |
| ST. LOUIS MO 63114 | FAX NUMBER | |
| 27. MO HEALTHNET PROVIDER IDENTIFIER | TAXONOMY | |
| 1234567890 | 123J00000X | |
| 28. SIGNATURE | DATE | |

**V. PRESCRIBING/PERFORMING PRACTITIONER**

| 29. NAME | 30. TELEPHONE |
|---|---|
| DR. MEL LAWSON | 471-888-9999 |
| 31. ADDRESS | |
| 1 HOSPTIAL DRIVE, ST. LOUIS, MO 63114 | |
| 32. DATE DISABILITY BEGAN | 33. PERIOD OF MEDICAL NEED IN MONTHS |
| I certify the information given in Sections I and III of this form is true, accurate, and complete. | |
| 34. SIGNATURE OF PRESCRIBING PHYSICIAN/PRACTITIONER | DATE |

**VI. FOR STATE OFFICE USE ONLY**

DENIAL REASON(S): REFER TO FIELD 16 ABOVE BY REFERENCE NUMBERS (REF. NO.)

Regional Office:
SOUTHWESTERN SHCN REGIONAL OFFICE
PO BOX 777, MPO
SPRINGFIELD, MO 65801

IF APPROVED: services authorized to begin | DATE | REVIEWED BY SIGNATURE u

MO 886-0858N (6-08) MO 8809

Page 1 of 2

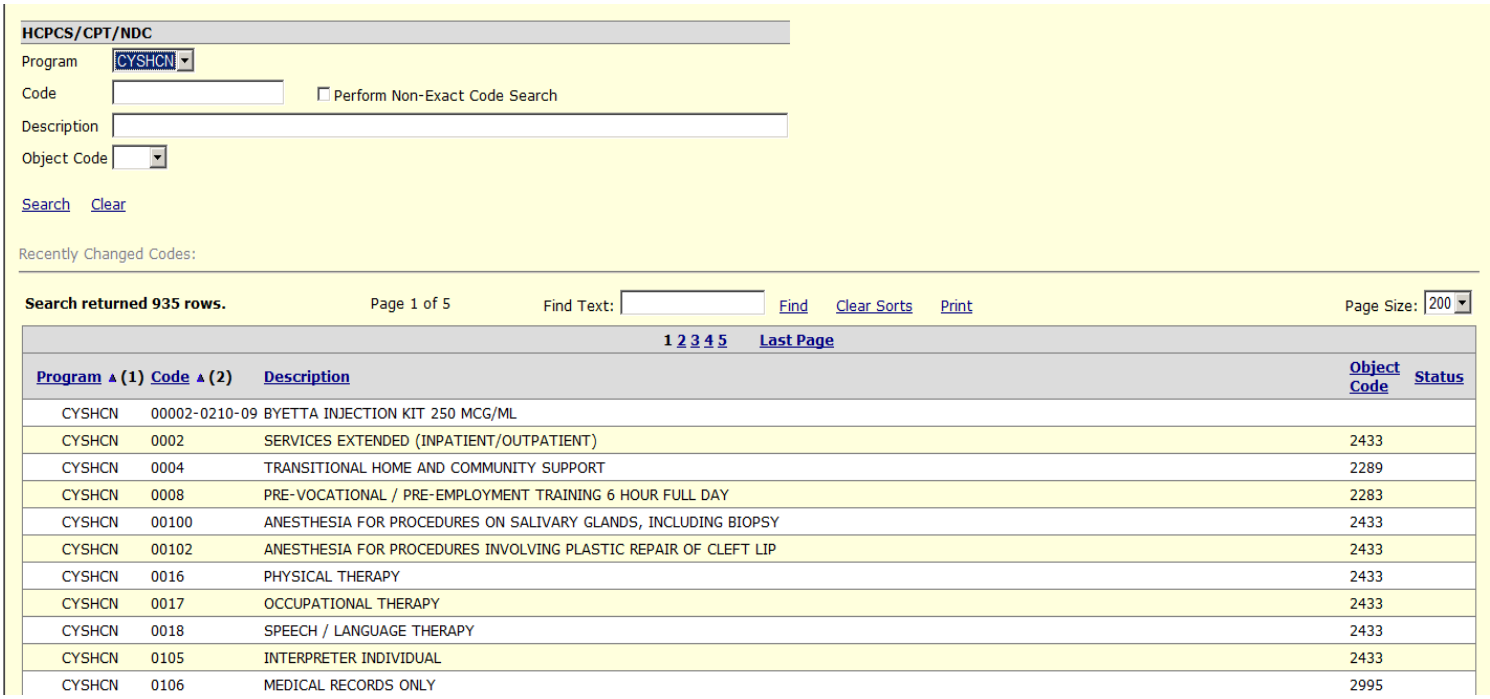
## ADMIN SUB-MENU

The ADMIN sub menu allows users, according to access level, the ability to perform the following actions:

- Lookup HCPCS, CPT or NDC codes
- Lookup ICD9 Codes
- Lookup ICD10 Codes
- Manage Assessment (CO Action)
- User Administration (CO Action)
- Cap Limits & Reimbursement Rates (CO Action)
- Inquiry


## Lookup HCPCS/CPT/NDC Codes

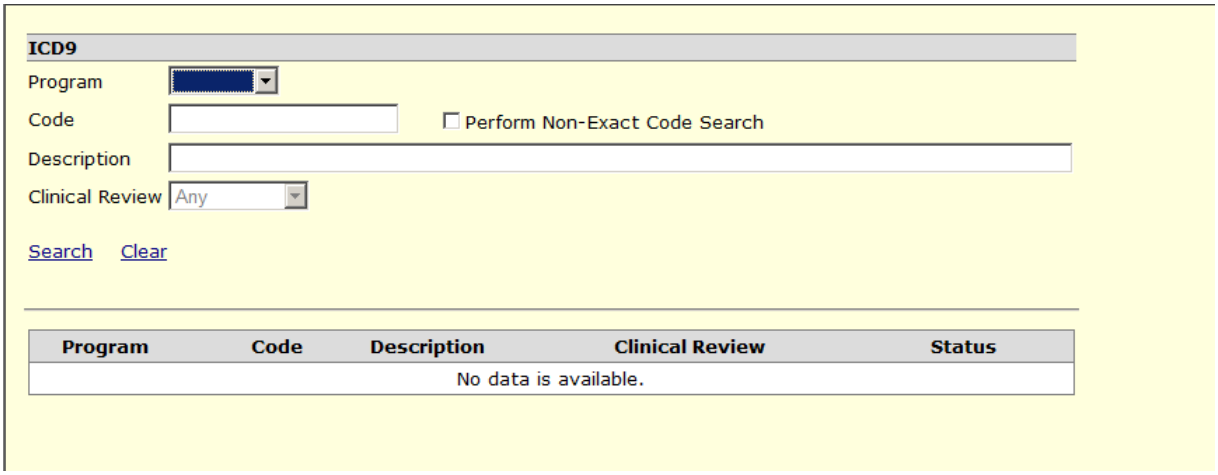
The Lookup HCPCS/CPT/NDC Codes screen allows users to conduct searches for HCPCS, CPT or NDC codes.




| Program ▲(1) | Code ▲(2) | Description | Object Code | Status |
|---|---|---|---|---|
| CYSHCN | 00002-0210-09 | BYETTA INJECTION KIT 250 MCG/ML | | |
| CYSHCN | 0002 | SERVICES EXTENDED (INPATIENT/OUTPATIENT) | 2433 | |
| CYSHCN | 0004 | TRANSITIONAL HOME AND COMMUNITY SUPPORT | 2289 | |
| CYSHCN | 0008 | PRE-VOCATIONAL / PRE-EMPLOYMENT TRAINING 6 HOUR FULL DAY | 2283 | |
| CYSHCN | 00100 | ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY | 2433 | |
| CYSHCN | 00102 | ANESTHESIA FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT LIP | 2433 | |
| CYSHCN | 0016 | PHYSICAL THERAPY | 2433 | |
| CYSHCN | 0017 | OCCUPATIONAL THERAPY | 2433 | |
| CYSHCN | 0018 | SPEECH / LANGUAGE THERAPY | 2433 | |
| CYSHCN | 0105 | INTERPRETER INDIVIDUAL | 2433 | |
| CYSHCN | 0106 | MEDICAL RECORDS ONLY | 2995 | |

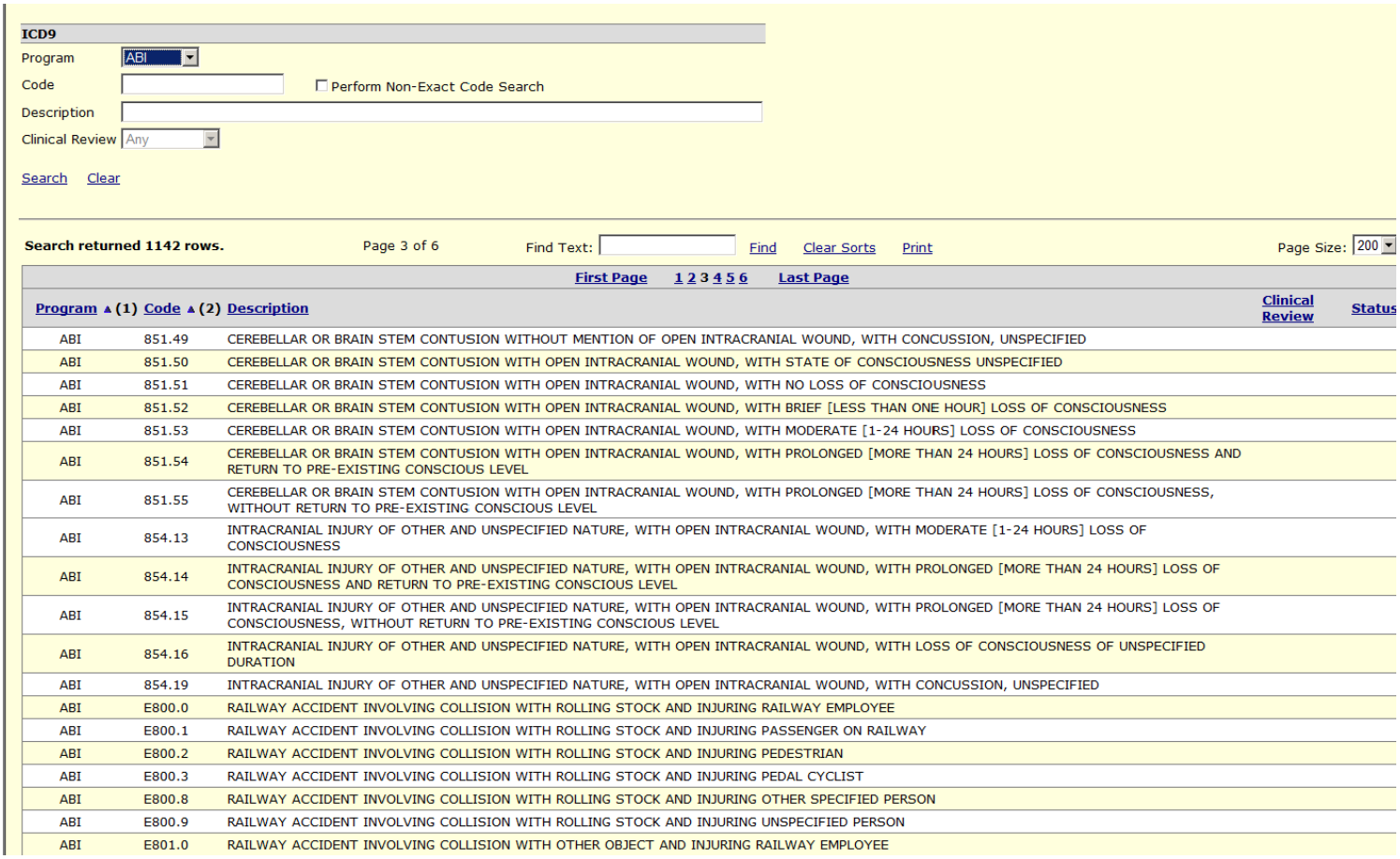
## Lookup ICD9 Codes

Screen allows user to search ICD codes by Program, by Code, or by Description.




## Lookup ICD9 Codes – Program search, Code search, or Description search

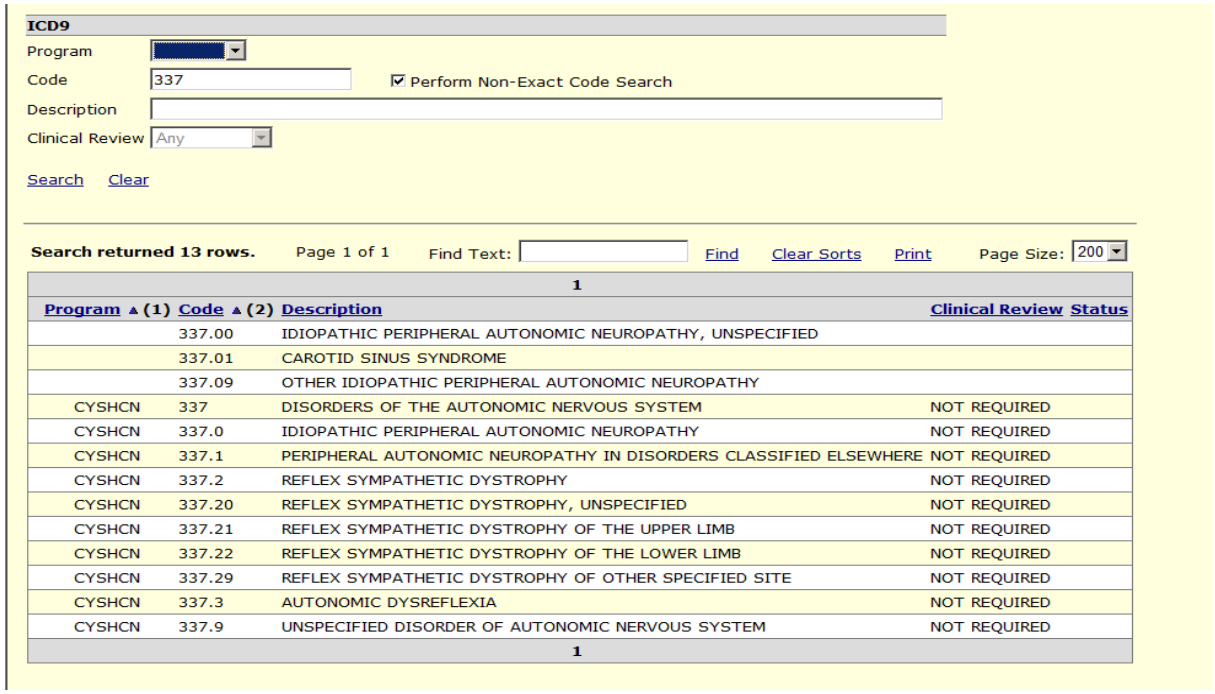
Program field search:




| Program ▲(1) | Code ▲(2) | Description | Clinical Review | Status |
|---|---|---|---|---|
| ABI | 851.49 | CEREBELLAR OR BRAIN STEM CONTUSION WITHOUT MENTION OF OPEN INTRACRANIAL WOUND, WITH CONCUSSION, UNSPECIFIED | | |
| ABI | 851.50 | CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND, WITH STATE OF CONSCIOUSNESS UNSPECIFIED | | |
| ABI | 851.51 | CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND, WITH NO LOSS OF CONSCIOUSNESS | | |
| ABI | 851.52 | CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND, WITH BRIEF [LESS THAN ONE HOUR] LOSS OF CONSCIOUSNESS | | |
| ABI | 851.53 | CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND, WITH MODERATE [1-24 HOURS] LOSS OF CONSCIOUSNESS | | |
| ABI | 851.54 | CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND, WITH PROLONGED [MORE THAN 24 HOURS] LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL | | |
| ABI | 851.55 | CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND, WITH PROLONGED [MORE THAN 24 HOURS] LOSS OF CONSCIOUSNESS, WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL | | |
| ABI | 854.13 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITH OPEN INTRACRANIAL WOUND, WITH MODERATE [1-24 HOURS] LOSS OF CONSCIOUSNESS | | |
| ABI | 854.14 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITH OPEN INTRACRANIAL WOUND, WITH PROLONGED [MORE THAN 24 HOURS] LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL | | |
| ABI | 854.15 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITH OPEN INTRACRANIAL WOUND, WITH PROLONGED [MORE THAN 24 HOURS] LOSS OF CONSCIOUSNESS, WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL | | |
| ABI | 854.16 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITH OPEN INTRACRANIAL WOUND, WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION | | |
| ABI | 854.19 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITH OPEN INTRACRANIAL WOUND, WITH CONCUSSION, UNSPECIFIED | | |
| ABI | E800.0 | RAILWAY ACCIDENT INVOLVING COLLISION WITH ROLLING STOCK AND INJURING RAILWAY EMPLOYEE | | |
| ABI | E800.1 | RAILWAY ACCIDENT INVOLVING COLLISION WITH ROLLING STOCK AND INJURING PASSENGER ON RAILWAY | | |
| ABI | E800.2 | RAILWAY ACCIDENT INVOLVING COLLISION WITH ROLLING STOCK AND INJURING PEDESTRIAN | | |
| ABI | E800.3 | RAILWAY ACCIDENT INVOLVING COLLISION WITH ROLLING STOCK AND INJURING PEDAL CYCLIST | | |
| ABI | E800.8 | RAILWAY ACCIDENT INVOLVING COLLISION WITH ROLLING STOCK AND INJURING OTHER SPECIFIED PERSON | | |
| ABI | E800.9 | RAILWAY ACCIDENT INVOLVING COLLISION WITH ROLLING STOCK AND INJURING UNSPECIFIED PERSON | | |
| ABI | E801.0 | RAILWAY ACCIDENT INVOLVING COLLISION WITH OTHER OBJECT AND INJURING RAILWAY EMPLOYEE | | |

# Lookup ICD9 Codes – Program search, Code search, or Description search (continued)

Code field search:



ICD9

Program

Code 337 Perform Non-Exact Code Search

Description

Clinical Review Any

Search Clear

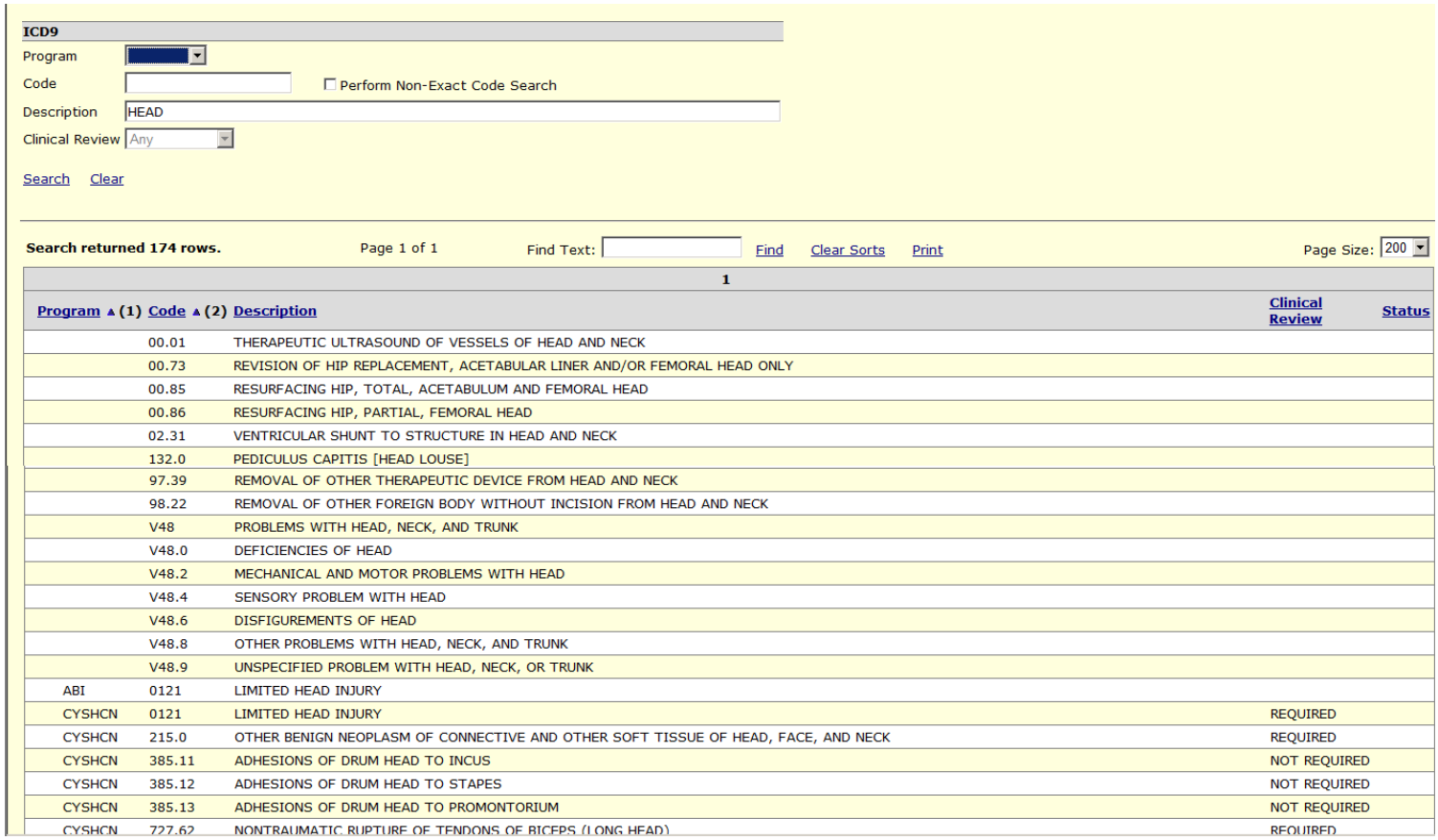
Search returned 13 rows. Page 1 of 1 Find Text: Find Clear Sorts Print Page Size: 200

1

| Program ▲(1) | Code ▲(2) | Description | Clinical Review | Status |
|---|---|---|---|---|
| | 337.00 | IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY, UNSPECIFIED | | |
| | 337.01 | CAROTID SINUS SYNDROME | | |
| | 337.09 | OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY | | |
| CYSHCN | 337 | DISORDERS OF THE AUTONOMIC NERVOUS SYSTEM | NOT REQUIRED | |
| CYSHCN | 337.0 | IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY | NOT REQUIRED | |
| CYSHCN | 337.1 | PERIPHERAL AUTONOMIC NEUROPATHY IN DISORDERS CLASSIFIED ELSEWHERE | NOT REQUIRED | |
| CYSHCN | 337.2 | REFLEX SYMPATHETIC DYSTROPHY | NOT REQUIRED | |
| CYSHCN | 337.20 | REFLEX SYMPATHETIC DYSTROPHY, UNSPECIFIED | NOT REQUIRED | |
| CYSHCN | 337.21 | REFLEX SYMPATHETIC DYSTROPHY OF THE UPPER LIMB | NOT REQUIRED | |
| CYSHCN | 337.22 | REFLEX SYMPATHETIC DYSTROPHY OF THE LOWER LIMB | NOT REQUIRED | |
| CYSHCN | 337.29 | REFLEX SYMPATHETIC DYSTROPHY OF OTHER SPECIFIED SITE | NOT REQUIRED | |
| CYSHCN | 337.3 | AUTONOMIC DYSREFLEXIA | NOT REQUIRED | |
| CYSHCN | 337.9 | UNSPECIFIED DISORDER OF AUTONOMIC NERVOUS SYSTEM | NOT REQUIRED | |

1

Description field search:



ICD9

Program

Code Perform Non-Exact Code Search

Description HEAD

Clinical Review Any

Search Clear

Search returned 174 rows. Page 1 of 1 Find Text: Find Clear Sorts Print Page Size: 200

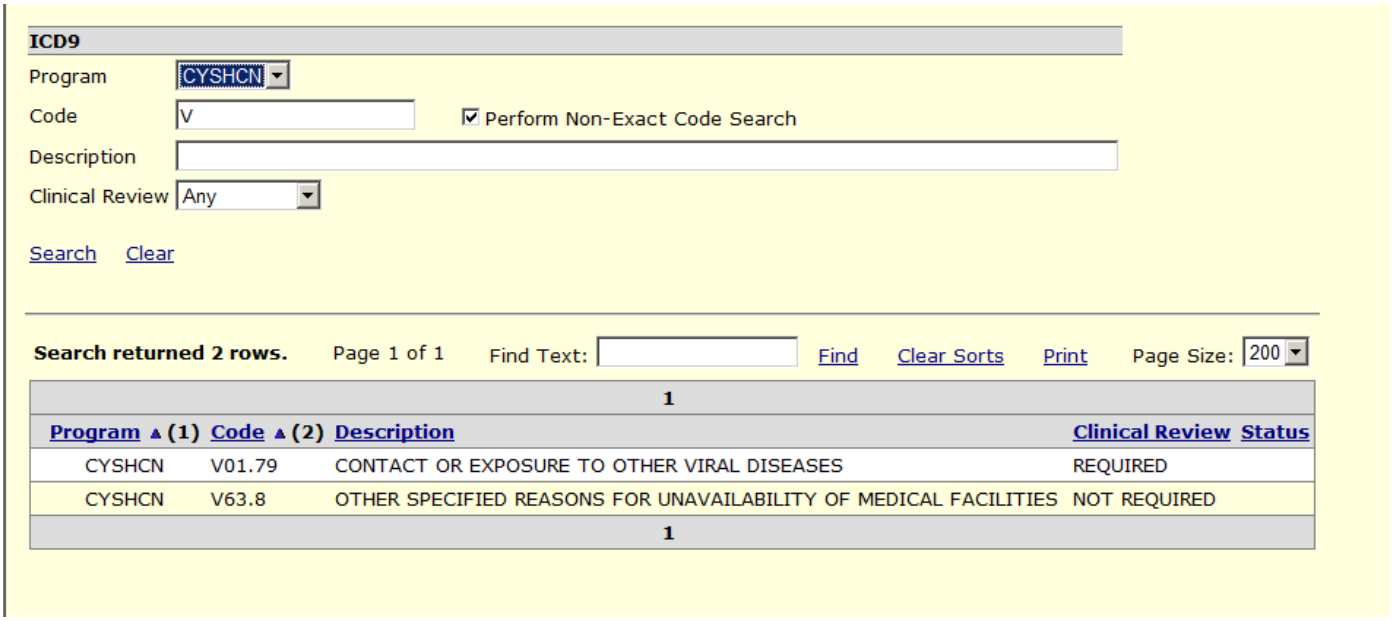
1

| Program ▲(1) | Code ▲(2) | Description | Clinical Review | Status |
|---|---|---|---|---|
| | 00.01 | THERAPEUTIC ULTRASOUND OF VESSELS OF HEAD AND NECK | | |
| | 00.73 | REVISION OF HIP REPLACEMENT, ACETABULAR LINER AND/OR FEMORAL HEAD ONLY | | |
| | 00.85 | RESURFACING HIP, TOTAL, ACETABULUM AND FEMORAL HEAD | | |
| | 00.86 | RESURFACING HIP, PARTIAL, FEMORAL HEAD | | |
| | 02.31 | VENTRICULAR SHUNT TO STRUCTURE IN HEAD AND NECK | | |
| | 132.0 | PEDICULUS CAPITIS [HEAD LOUSE] | | |
| | 97.39 | REMOVAL OF OTHER THERAPEUTIC DEVICE FROM HEAD AND NECK | | |
| | 98.22 | REMOVAL OF OTHER FOREIGN BODY WITHOUT INCISION FROM HEAD AND NECK | | |
| | V48 | PROBLEMS WITH HEAD, NECK, AND TRUNK | | |
| | V48.0 | DEFICIENCIES OF HEAD | | |
| | V48.2 | MECHANICAL AND MOTOR PROBLEMS WITH HEAD | | |
| | V48.4 | SENSORY PROBLEM WITH HEAD | | |
| | V48.6 | DISFIGUREMENTS OF HEAD | | |
| | V48.8 | OTHER PROBLEMS WITH HEAD, NECK, AND TRUNK | | |
| | V48.9 | UNSPECIFIED PROBLEM WITH HEAD, NECK, OR TRUNK | | |
| ABI | 0121 | LIMITED HEAD INJURY | | |
| CYSHCN | 0121 | LIMITED HEAD INJURY | REQUIRED | |
| CYSHCN | 215.0 | OTHER BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD, FACE, AND NECK | REQUIRED | |
| CYSHCN | 385.11 | ADHESIONS OF DRUM HEAD TO INCUS | NOT REQUIRED | |
| CYSHCN | 385.12 | ADHESIONS OF DRUM HEAD TO STAPES | NOT REQUIRED | |
| CYSHCN | 385.13 | ADHESIONS OF DRUM HEAD TO PROMONTORIUM | NOT REQUIRED | |
| CYSHCN | 727.62 | NONTRAUMATIC RUPTURE OF TENDONS OF BICEPS (LONG HEAD) | REQUIRED | |

## Lookup ICD9 Codes – Combination Search, Program field & Code or Description field

When a combination search is performed, i.e., Program field and Code field or Description field, only those ICD codes with a Program association are displayed.

Program field and Code field search:



ICD9

Program: CYSHCN

Code: V  Perform Non-Exact Code Search

Description:

Clinical Review: Any

Search  Clear

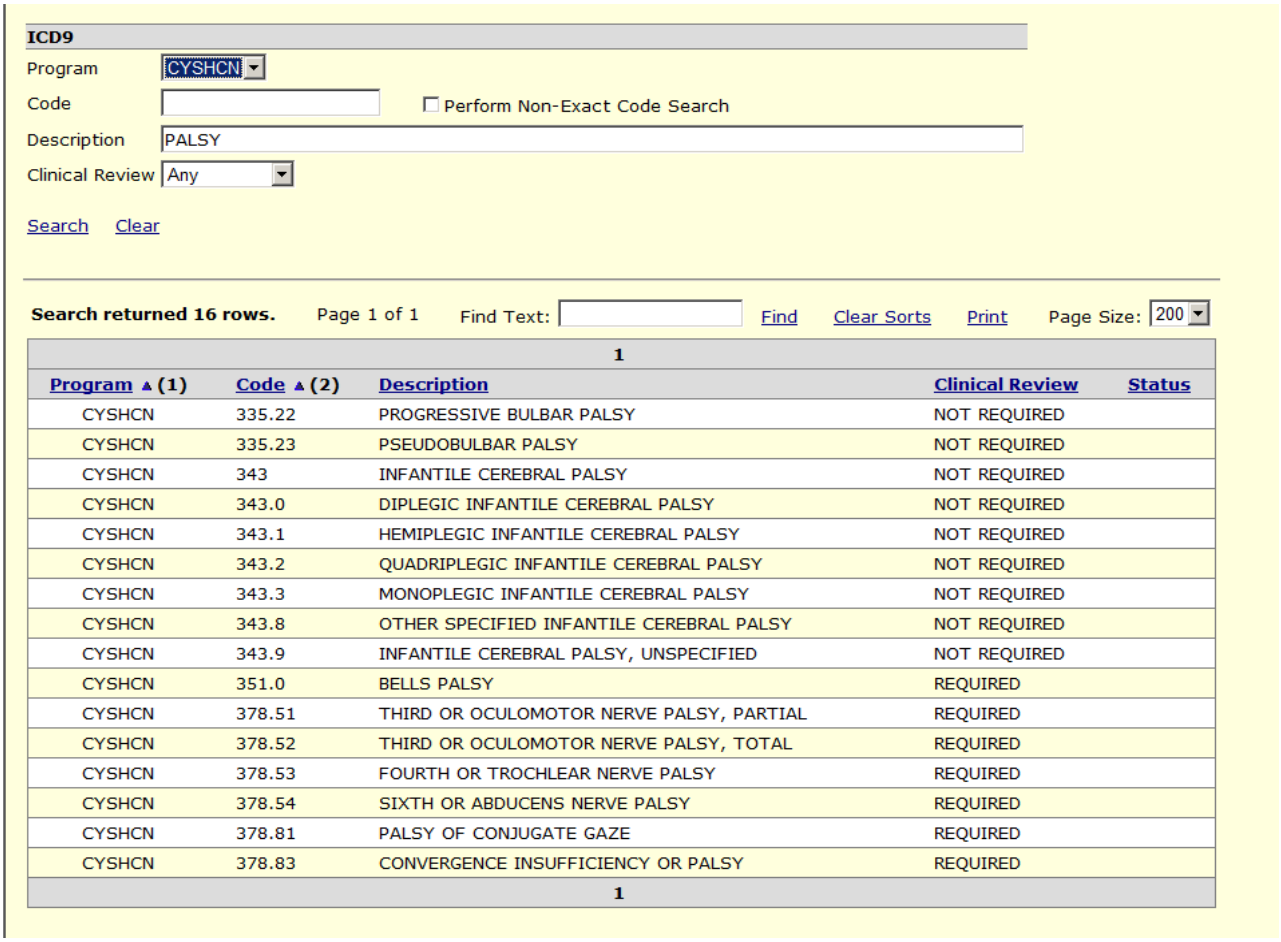
Search returned 2 rows.  Page 1 of 1  Find Text:  Find  Clear Sorts  Print  Page Size: 200

1

| Program ▲(1) | Code ▲(2) | Description | Clinical Review | Status |
|---|---|---|---|---|
| CYSHCN | V01.79 | CONTACT OR EXPOSURE TO OTHER VIRAL DISEASES | REQUIRED | |
| CYSHCN | V63.8 | OTHER SPECIFIED REASONS FOR UNAVAILABILITY OF MEDICAL FACILITIES | NOT REQUIRED | |

1

Program field and Description field search:



ICD9

Program: CYSHCN

Code:  Perform Non-Exact Code Search

Description: PALSY

Clinical Review: Any

Search  Clear

Search returned 16 rows.  Page 1 of 1  Find Text:  Find  Clear Sorts  Print  Page Size: 200

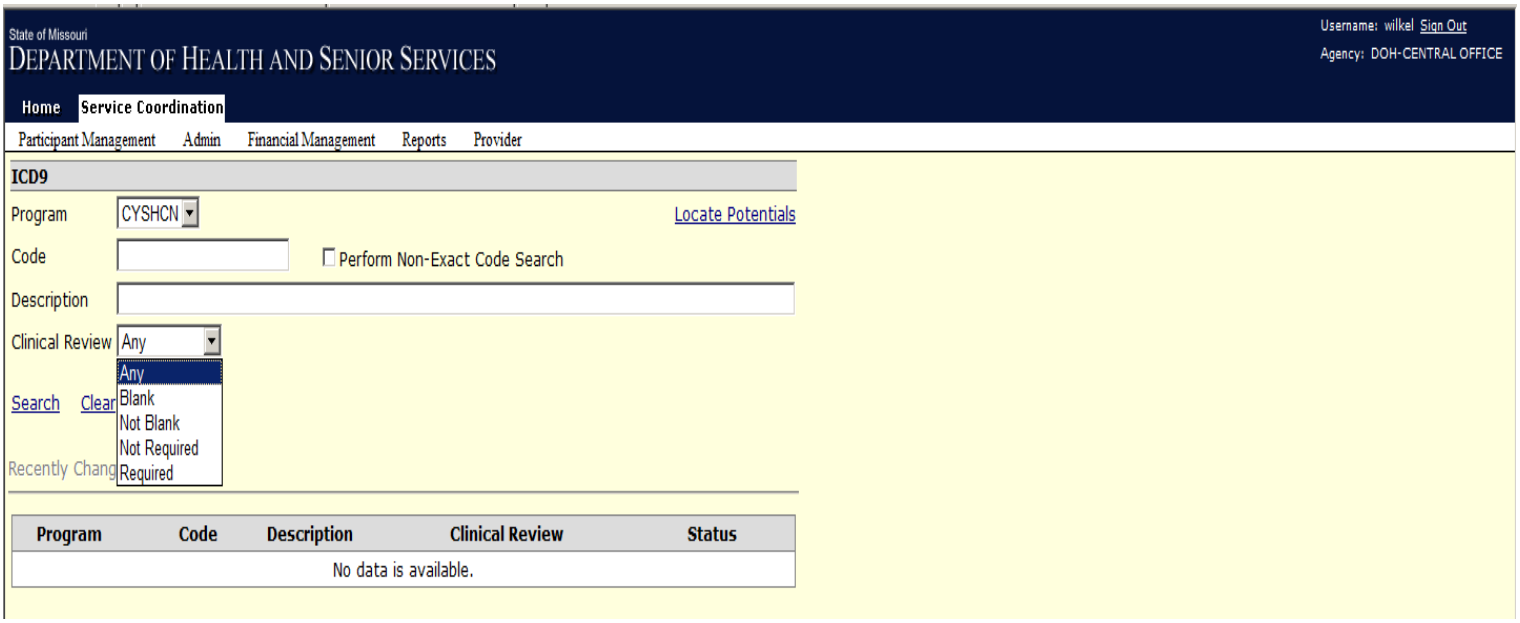
1

| Program ▲(1) | Code ▲(2) | Description | Clinical Review | Status |
|---|---|---|---|---|
| CYSHCN | 335.22 | PROGRESSIVE BULBAR PALSY | NOT REQUIRED | |
| CYSHCN | 335.23 | PSEUDOBULBAR PALSY | NOT REQUIRED | |
| CYSHCN | 343 | INFANTILE CEREBRAL PALSY | NOT REQUIRED | |
| CYSHCN | 343.0 | DIPLEGIC INFANTILE CEREBRAL PALSY | NOT REQUIRED | |
| CYSHCN | 343.1 | HEMIPLEGIC INFANTILE CEREBRAL PALSY | NOT REQUIRED | |
| CYSHCN | 343.2 | QUADRIPLEGIC INFANTILE CEREBRAL PALSY | NOT REQUIRED | |
| CYSHCN | 343.3 | MONOPLEGIC INFANTILE CEREBRAL PALSY | NOT REQUIRED | |
| CYSHCN | 343.8 | OTHER SPECIFIED INFANTILE CEREBRAL PALSY | NOT REQUIRED | |
| CYSHCN | 343.9 | INFANTILE CEREBRAL PALSY, UNSPECIFIED | NOT REQUIRED | |
| CYSHCN | 351.0 | BELLS PALSY | REQUIRED | |
| CYSHCN | 378.51 | THIRD OR OCULOMOTOR NERVE PALSY, PARTIAL | REQUIRED | |
| CYSHCN | 378.52 | THIRD OR OCULOMOTOR NERVE PALSY, TOTAL | REQUIRED | |
| CYSHCN | 378.53 | FOURTH OR TROCHLEAR NERVE PALSY | REQUIRED | |
| CYSHCN | 378.54 | SIXTH OR ABDUCENS NERVE PALSY | REQUIRED | |
| CYSHCN | 378.81 | PALSY OF CONJUGATE GAZE | REQUIRED | |
| CYSHCN | 378.83 | CONVERGENCE INSUFFICIENCY OR PALSY | REQUIRED | |

1

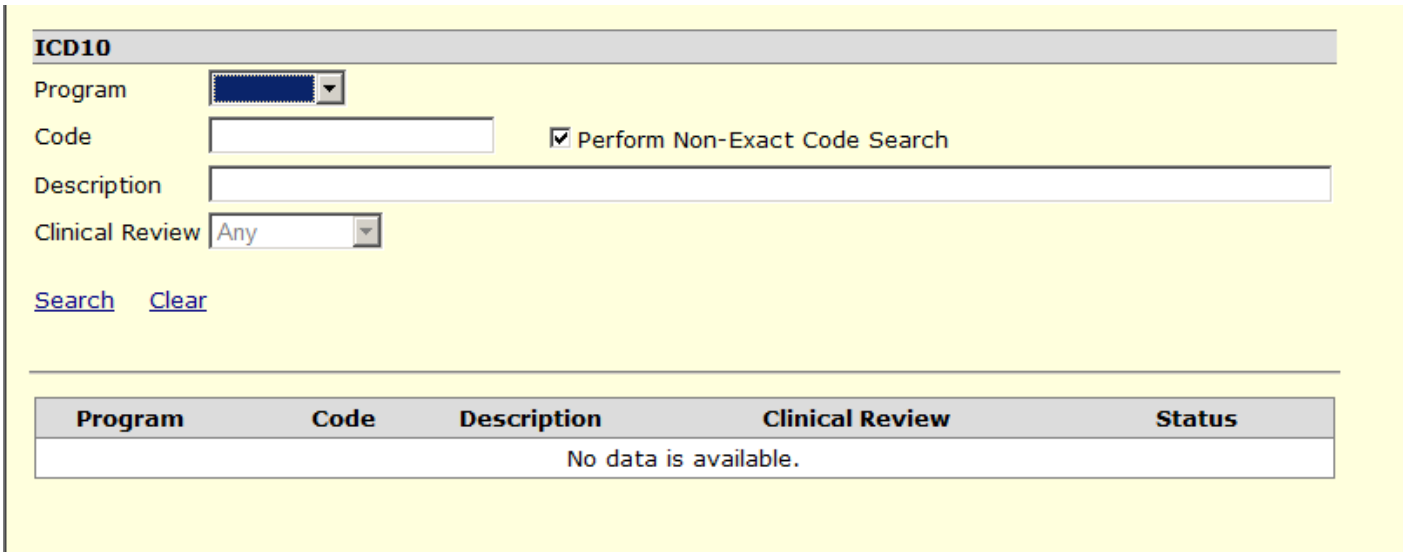
## Lookup ICD9 Codes – Clinical Review (CYSHCN Only)

- Clinical Review dropdown menu allow users to search by a Clinical Review option when a specific Program search and a Code or Description search is conducted. Options are:
  - Any - all ICD codes, regardless of Clinical Review, are displayed.
  - Blank – all ICD codes with a 'blank' Clinical Review are displayed.
  - Not Blank – all ICD codes with a 'not blank' Clinical Review are displayed.
  - Not Required – all ICD codes with a 'not required' Clinical Review are displayed.
  - Required – all ICD codes with a 'required' Clinical Review are displayed.



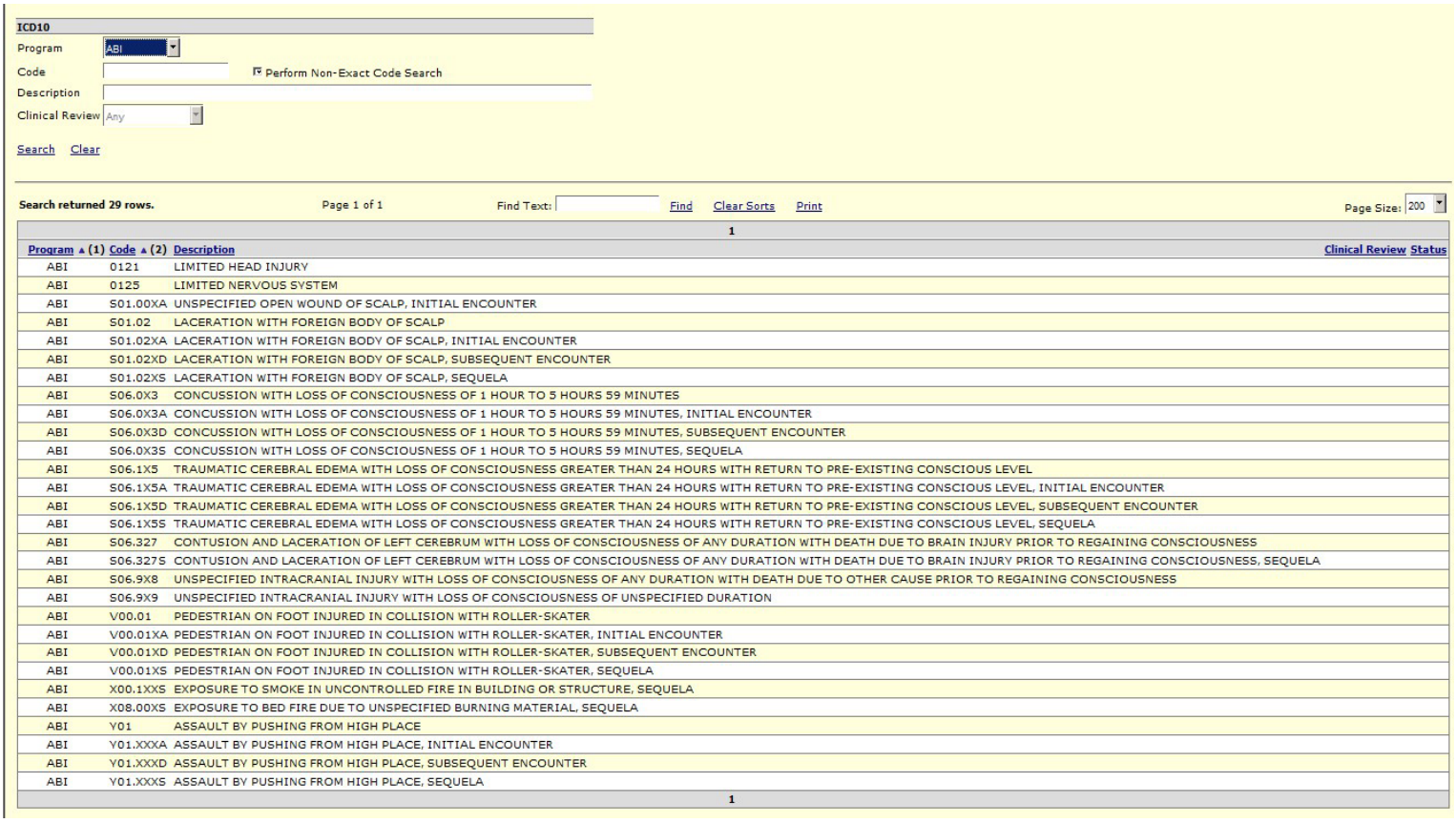

## Lookup ICD10 Codes

Screen allows user to search ICD codes by Program, by Code, or by Description.



# Lookup ICD10 Codes – Program search, Code search, or Description search

Program field search:



ICD10

Program: ABI

Code:  Perform Non-Exact Code Search

Description:

Clinical Review: Any

Search Clear

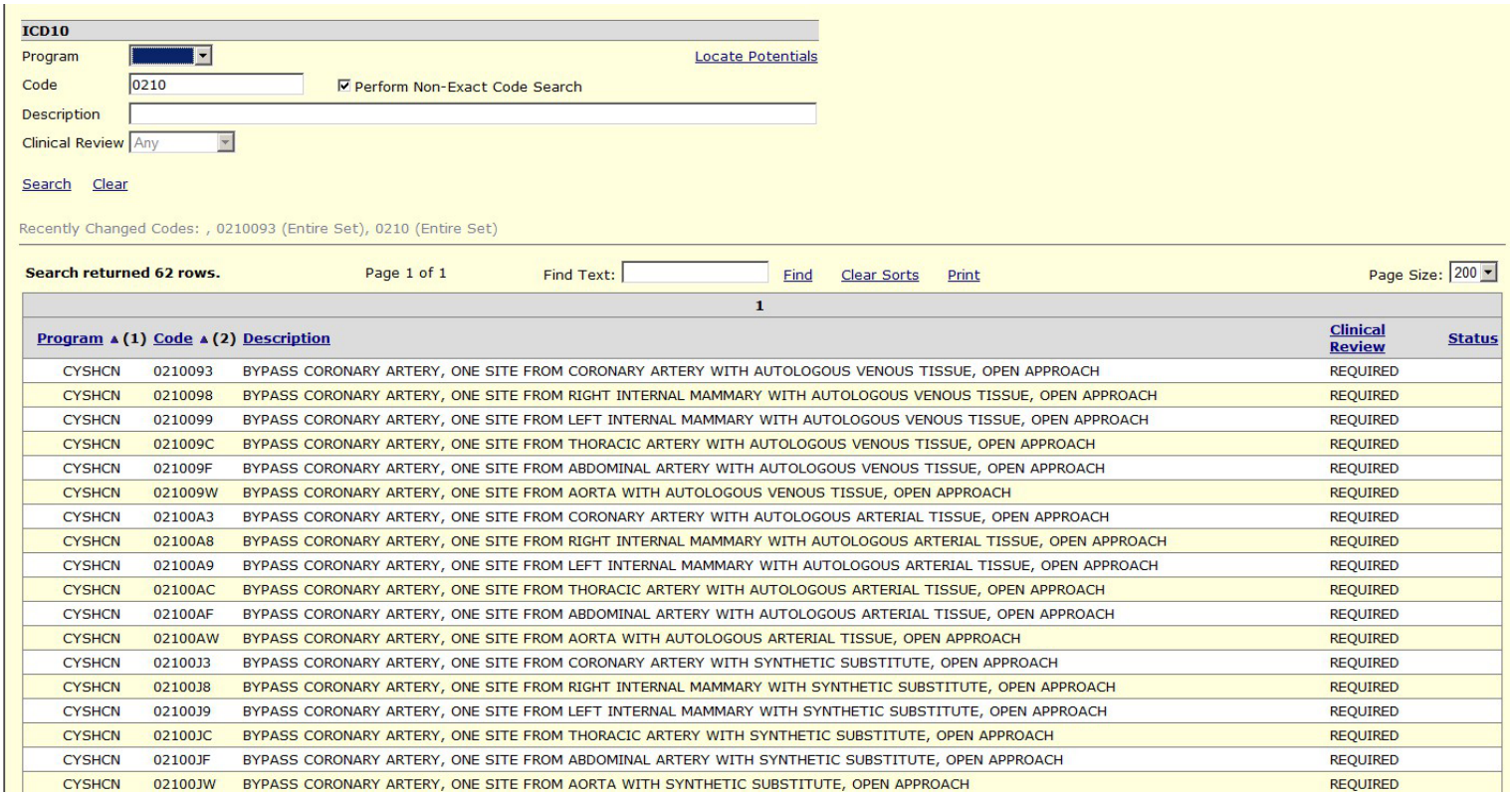
Search returned 29 rows. Page 1 of 1 Find Text: Find Clear Sorts Print Page Size: 200

1

| Program ▲(1) | Code ▲(2) | Description | Clinical Review | Status |
|---|---|---|---|---|
| ABI | 0121 | LIMITED HEAD INJURY | | |
| ABI | 0125 | LIMITED NERVOUS SYSTEM | | |
| ABI | S01.00XA | UNSPECIFIED OPEN WOUND OF SCALP, INITIAL ENCOUNTER | | |
| ABI | S01.02 | LACERATION WITH FOREIGN BODY OF SCALP | | |
| ABI | S01.02XA | LACERATION WITH FOREIGN BODY OF SCALP, INITIAL ENCOUNTER | | |
| ABI | S01.02XD | LACERATION WITH FOREIGN BODY OF SCALP, SUBSEQUENT ENCOUNTER | | |
| ABI | S01.02XS | LACERATION WITH FOREIGN BODY OF SCALP, SEQUELA | | |
| ABI | S06.0X3 | CONCUSSION WITH LOSS OF CONSCIOUSNESS OF 1 HOUR TO 5 HOURS 59 MINUTES | | |
| ABI | S06.0X3A | CONCUSSION WITH LOSS OF CONSCIOUSNESS OF 1 HOUR TO 5 HOURS 59 MINUTES, INITIAL ENCOUNTER | | |
| ABI | S06.0X3D | CONCUSSION WITH LOSS OF CONSCIOUSNESS OF 1 HOUR TO 5 HOURS 59 MINUTES, SUBSEQUENT ENCOUNTER | | |
| ABI | S06.0X3S | CONCUSSION WITH LOSS OF CONSCIOUSNESS OF 1 HOUR TO 5 HOURS 59 MINUTES, SEQUELA | | |
| ABI | S06.1X5 | TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS GREATER THAN 24 HOURS WITH RETURN TO PRE-EXISTING CONSCIOUS LEVEL | | |
| ABI | S06.1X5A | TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS GREATER THAN 24 HOURS WITH RETURN TO PRE-EXISTING CONSCIOUS LEVEL, INITIAL ENCOUNTER | | |
| ABI | S06.1X5D | TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS GREATER THAN 24 HOURS WITH RETURN TO PRE-EXISTING CONSCIOUS LEVEL, SUBSEQUENT ENCOUNTER | | |
| ABI | S06.1X5S | TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS GREATER THAN 24 HOURS WITH RETURN TO PRE-EXISTING CONSCIOUS LEVEL, SEQUELA | | |
| ABI | S06.327 | CONTUSION AND LACERATION OF LEFT CEREBRUM WITH LOSS OF CONSCIOUSNESS OF ANY DURATION WITH DEATH DUE TO BRAIN INJURY PRIOR TO REGAINING CONSCIOUSNESS | | |
| ABI | S06.327S | CONTUSION AND LACERATION OF LEFT CEREBRUM WITH LOSS OF CONSCIOUSNESS OF ANY DURATION WITH DEATH DUE TO BRAIN INJURY PRIOR TO REGAINING CONSCIOUSNESS, SEQUELA | | |
| ABI | S06.9X8 | UNSPECIFIED INTRACRANIAL INJURY WITH LOSS OF CONSCIOUSNESS OF ANY DURATION WITH DEATH DUE TO OTHER CAUSE PRIOR TO REGAINING CONSCIOUSNESS | | |
| ABI | S06.9X9 | UNSPECIFIED INTRACRANIAL INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION | | |
| ABI | V00.01 | PEDESTRIAN ON FOOT INJURED IN COLLISION WITH ROLLER-SKATER | | |
| ABI | V00.01XA | PEDESTRIAN ON FOOT INJURED IN COLLISION WITH ROLLER-SKATER, INITIAL ENCOUNTER | | |
| ABI | V00.01XD | PEDESTRIAN ON FOOT INJURED IN COLLISION WITH ROLLER-SKATER, SUBSEQUENT ENCOUNTER | | |
| ABI | V00.01XS | PEDESTRIAN ON FOOT INJURED IN COLLISION WITH ROLLER-SKATER, SEQUELA | | |
| ABI | X00.1XXS | EXPOSURE TO SMOKE IN UNCONTROLLED FIRE IN BUILDING OR STRUCTURE, SEQUELA | | |
| ABI | X08.00XS | EXPOSURE TO BED FIRE DUE TO UNSPECIFIED BURNING MATERIAL, SEQUELA | | |
| ABI | Y01 | ASSAULT BY PUSHING FROM HIGH PLACE | | |
| ABI | Y01.XXXA | ASSAULT BY PUSHING FROM HIGH PLACE, INITIAL ENCOUNTER | | |
| ABI | Y01.XXXD | ASSAULT BY PUSHING FROM HIGH PLACE, SUBSEQUENT ENCOUNTER | | |
| ABI | Y01.XXXS | ASSAULT BY PUSHING FROM HIGH PLACE, SEQUELA | | |

1

Code field search:



ICD10

Program: Locate Potentials

Code: 0210  Perform Non-Exact Code Search

Description:

Clinical Review: Any

Search Clear

Recently Changed Codes: , 0210093 (Entire Set), 0210 (Entire Set)

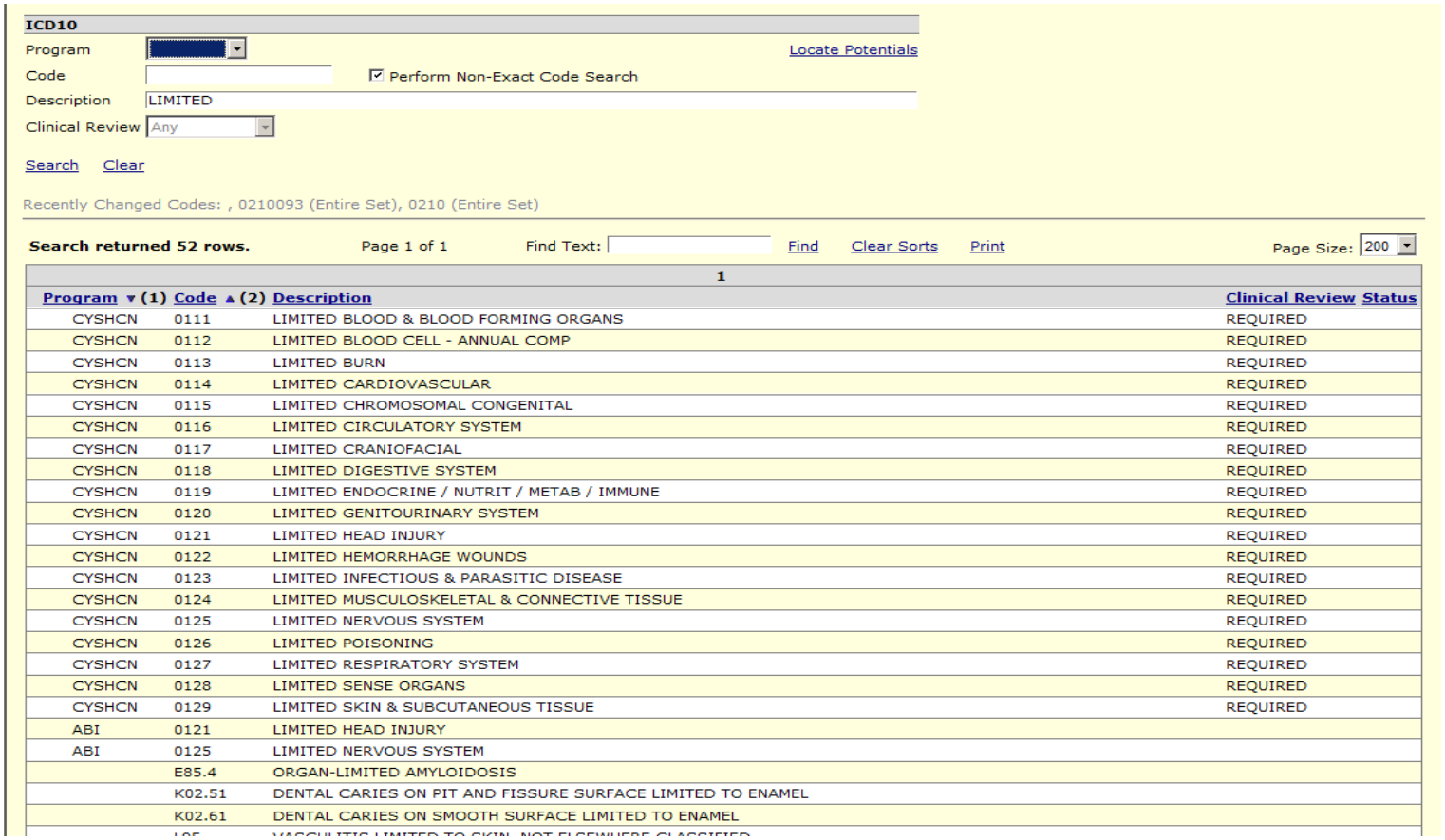
Search returned 62 rows. Page 1 of 1 Find Text: Find Clear Sorts Print Page Size: 200

1

| Program ▲(1) | Code ▲(2) | Description | Clinical Review | Status |
|---|---|---|---|---|
| CYSHCN | 0210093 | BYPASS CORONARY ARTERY, ONE SITE FROM CORONARY ARTERY WITH AUTOLOGOUS VENOUS TISSUE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 0210098 | BYPASS CORONARY ARTERY, ONE SITE FROM RIGHT INTERNAL MAMMARY WITH AUTOLOGOUS VENOUS TISSUE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 0210099 | BYPASS CORONARY ARTERY, ONE SITE FROM LEFT INTERNAL MAMMARY WITH AUTOLOGOUS VENOUS TISSUE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 021009C | BYPASS CORONARY ARTERY, ONE SITE FROM THORACIC ARTERY WITH AUTOLOGOUS VENOUS TISSUE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 021009F | BYPASS CORONARY ARTERY, ONE SITE FROM ABDOMINAL ARTERY WITH AUTOLOGOUS VENOUS TISSUE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 021009W | BYPASS CORONARY ARTERY, ONE SITE FROM AORTA WITH AUTOLOGOUS VENOUS TISSUE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 02100A3 | BYPASS CORONARY ARTERY, ONE SITE FROM CORONARY ARTERY WITH AUTOLOGOUS ARTERIAL TISSUE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 02100A8 | BYPASS CORONARY ARTERY, ONE SITE FROM RIGHT INTERNAL MAMMARY WITH AUTOLOGOUS ARTERIAL TISSUE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 02100A9 | BYPASS CORONARY ARTERY, ONE SITE FROM LEFT INTERNAL MAMMARY WITH AUTOLOGOUS ARTERIAL TISSUE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 02100AC | BYPASS CORONARY ARTERY, ONE SITE FROM THORACIC ARTERY WITH AUTOLOGOUS ARTERIAL TISSUE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 02100AF | BYPASS CORONARY ARTERY, ONE SITE FROM ABDOMINAL ARTERY WITH AUTOLOGOUS ARTERIAL TISSUE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 02100AW | BYPASS CORONARY ARTERY, ONE SITE FROM AORTA WITH AUTOLOGOUS ARTERIAL TISSUE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 02100J3 | BYPASS CORONARY ARTERY, ONE SITE FROM CORONARY ARTERY WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 02100J8 | BYPASS CORONARY ARTERY, ONE SITE FROM RIGHT INTERNAL MAMMARY WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 02100J9 | BYPASS CORONARY ARTERY, ONE SITE FROM LEFT INTERNAL MAMMARY WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 02100JC | BYPASS CORONARY ARTERY, ONE SITE FROM THORACIC ARTERY WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 02100JF | BYPASS CORONARY ARTERY, ONE SITE FROM ABDOMINAL ARTERY WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH | REQUIRED | |
| CYSHCN | 02100JW | BYPASS CORONARY ARTERY, ONE SITE FROM AORTA WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH | REQUIRED | |

## Lookup ICD10 Codes – Program search, Code search, or Description search (continued)

Description field search:



ICD10

Program | Locate Potentials

Code | Perform Non-Exact Code Search

Description: LIMITED

Clinical Review: Any

Search | Clear

Recently Changed Codes: , 0210093 (Entire Set), 0210 (Entire Set)

**Search returned 52 rows.** Page 1 of 1 Find Text: Find | Clear Sorts | Print Page Size: 200

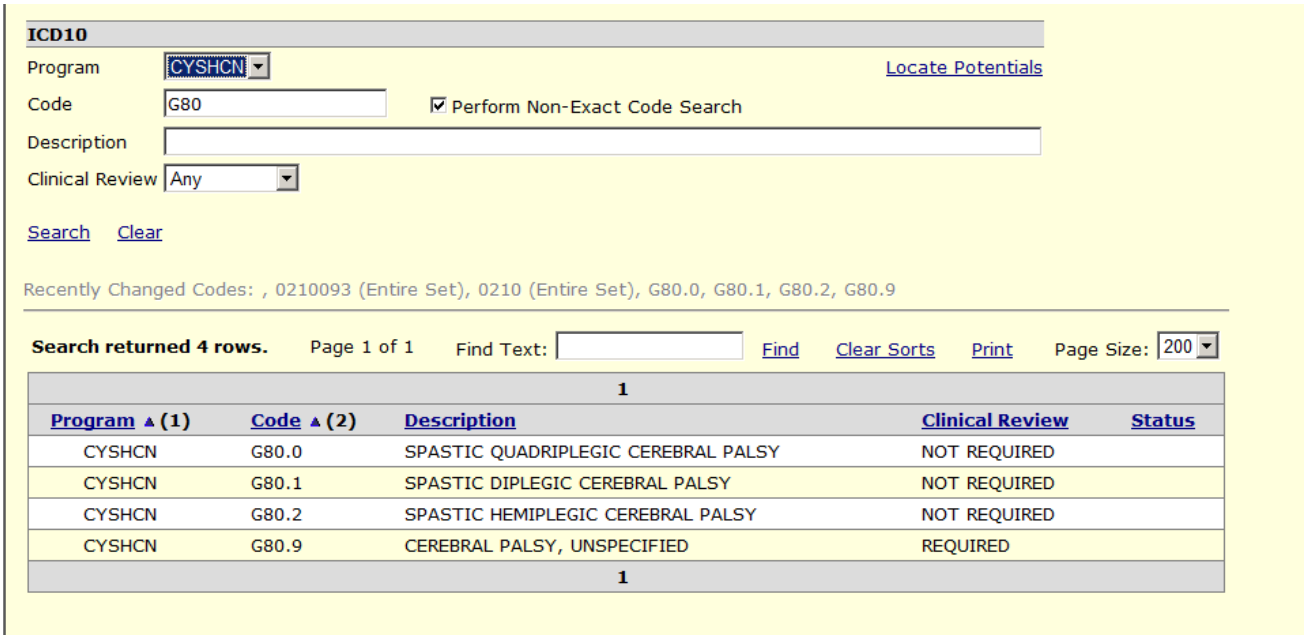
1

| Program ▼(1) | Code ▲(2) | Description | Clinical Review | Status |
|---|---|---|---|---|
| CYSHCN | 0111 | LIMITED BLOOD & BLOOD FORMING ORGANS | REQUIRED | |
| CYSHCN | 0112 | LIMITED BLOOD CELL - ANNUAL COMP | REQUIRED | |
| CYSHCN | 0113 | LIMITED BURN | REQUIRED | |
| CYSHCN | 0114 | LIMITED CARDIOVASCULAR | REQUIRED | |
| CYSHCN | 0115 | LIMITED CHROMOSOMAL CONGENITAL | REQUIRED | |
| CYSHCN | 0116 | LIMITED CIRCULATORY SYSTEM | REQUIRED | |
| CYSHCN | 0117 | LIMITED CRANIOFACIAL | REQUIRED | |
| CYSHCN | 0118 | LIMITED DIGESTIVE SYSTEM | REQUIRED | |
| CYSHCN | 0119 | LIMITED ENDOCRINE / NUTRIT / METAB / IMMUNE | REQUIRED | |
| CYSHCN | 0120 | LIMITED GENITOURINARY SYSTEM | REQUIRED | |
| CYSHCN | 0121 | LIMITED HEAD INJURY | REQUIRED | |
| CYSHCN | 0122 | LIMITED HEMORRHAGE WOUNDS | REQUIRED | |
| CYSHCN | 0123 | LIMITED INFECTIOUS & PARASITIC DISEASE | REQUIRED | |
| CYSHCN | 0124 | LIMITED MUSCULOSKELETAL & CONNECTIVE TISSUE | REQUIRED | |
| CYSHCN | 0125 | LIMITED NERVOUS SYSTEM | REQUIRED | |
| CYSHCN | 0126 | LIMITED POISONING | REQUIRED | |
| CYSHCN | 0127 | LIMITED RESPIRATORY SYSTEM | REQUIRED | |
| CYSHCN | 0128 | LIMITED SENSE ORGANS | REQUIRED | |
| CYSHCN | 0129 | LIMITED SKIN & SUBCUTANEOUS TISSUE | REQUIRED | |
| ABI | 0121 | LIMITED HEAD INJURY | | |
| ABI | 0125 | LIMITED NERVOUS SYSTEM | | |
| | E85.4 | ORGAN-LIMITED AMYLOIDOSIS | | |
| | K02.51 | DENTAL CARIES ON PIT AND FISSURE SURFACE LIMITED TO ENAMEL | | |
| | K02.61 | DENTAL CARIES ON SMOOTH SURFACE LIMITED TO ENAMEL | | |

## Lookup ICD10 Codes – Combination Search, Program field & Code or Description field

When a combination search is performed, i.e., Program field and Code field or Description field, only those ICD codes with a Program association are displayed.

Program field and Code field search:



ICD10

Program: CYSHCN | Locate Potentials

Code: G80 | Perform Non-Exact Code Search

Description:

Clinical Review: Any

Search | Clear

Recently Changed Codes: , 0210093 (Entire Set), 0210 (Entire Set), G80.0, G80.1, G80.2, G80.9

**Search returned 4 rows.** Page 1 of 1 Find Text: Find | Clear Sorts | Print Page Size: 200

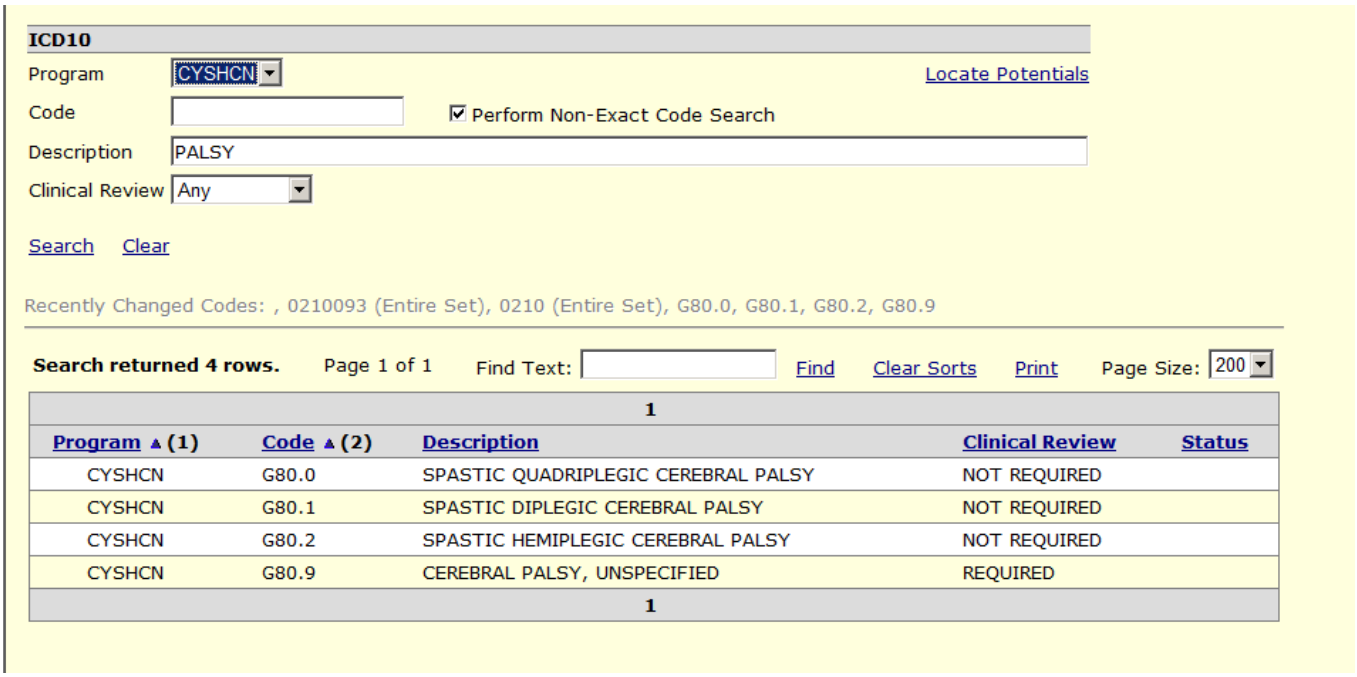
1

| Program ▲(1) | Code ▲(2) | Description | Clinical Review | Status |
|---|---|---|---|---|
| CYSHCN | G80.0 | SPASTIC QUADRIPLEGIC CEREBRAL PALSY | NOT REQUIRED | |
| CYSHCN | G80.1 | SPASTIC DIPLEGIC CEREBRAL PALSY | NOT REQUIRED | |
| CYSHCN | G80.2 | SPASTIC HEMIPLEGIC CEREBRAL PALSY | NOT REQUIRED | |
| CYSHCN | G80.9 | CEREBRAL PALSY, UNSPECIFIED | REQUIRED | |

1

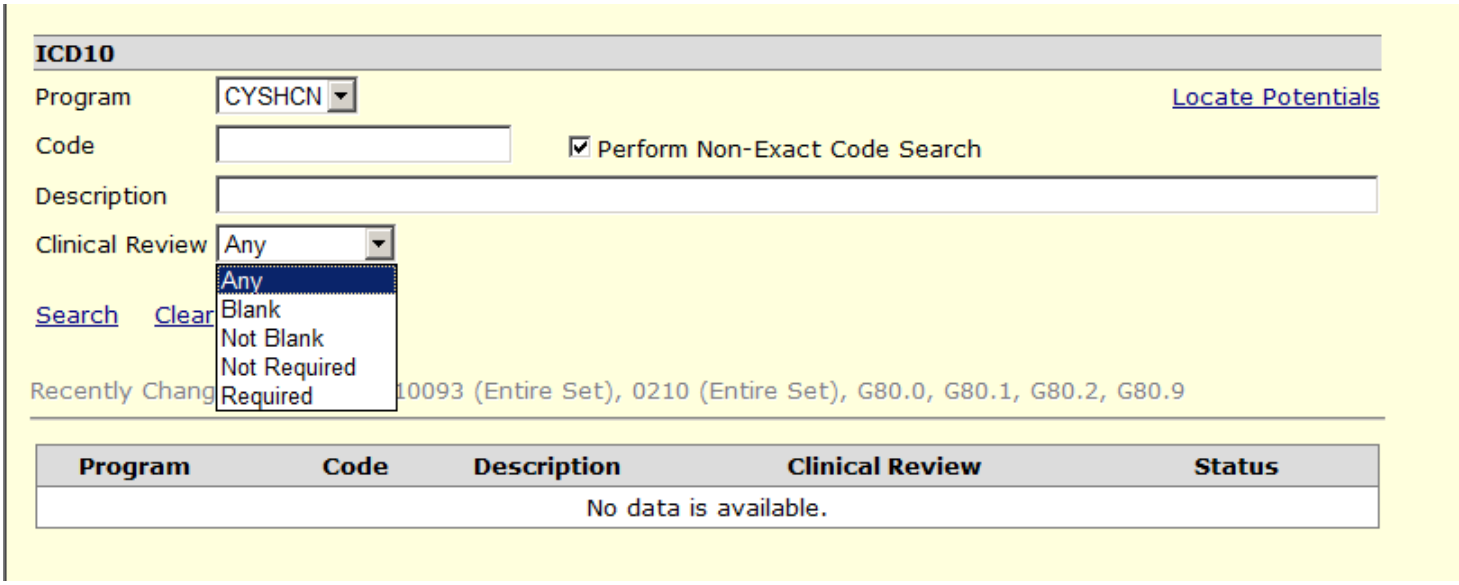
## Lookup ICD10 Codes – Combination Search, Program field & Code or Description field (continued)

Program field and Description field search:



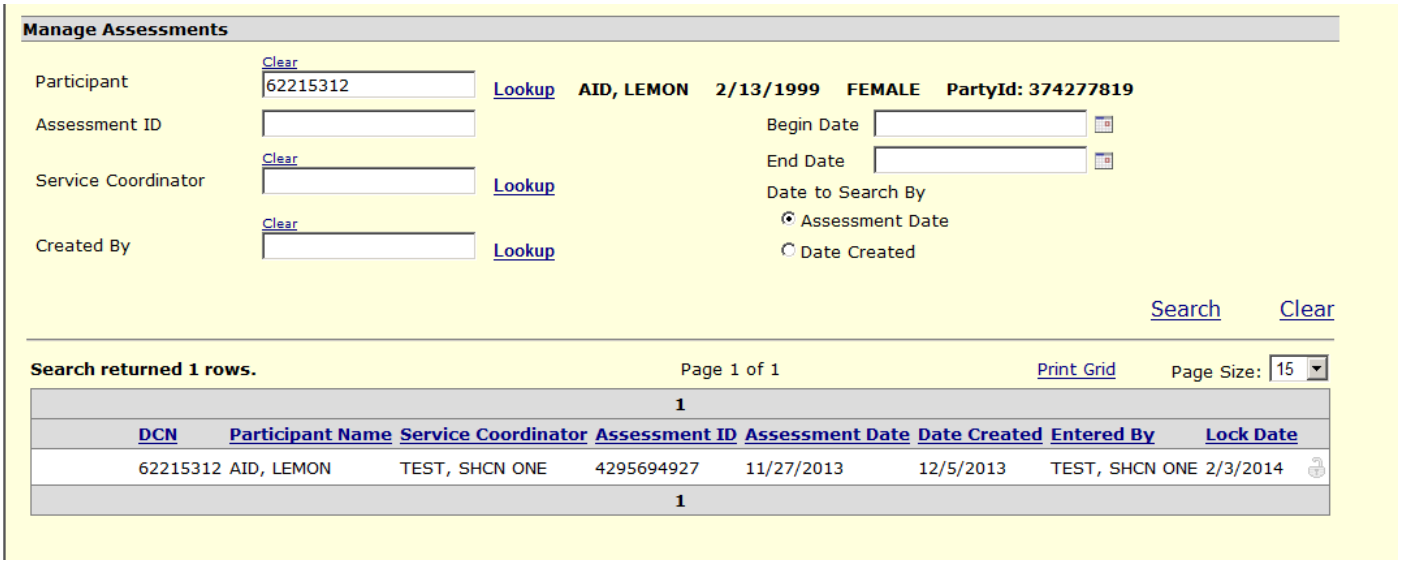

## Lookup ICD10 Codes – Clinical Review (CYSHCN Only)

- Clinical Review dropdown menu allow users to search by a Clinical Review option when a specific Program search and a Code or Description search is conducted. Options are:
  - Any - all ICD codes, regardless of Clinical Review, are displayed.
  - Blank – all ICD codes with a 'blank' Clinical Review are displayed.
  - Not Blank – all ICD codes with a 'not blank' Clinical Review are displayed.
  - Not Required – all ICD codes with a 'not required' Clinical Review are displayed.
  - Required – all ICD codes with a 'required' Clinical Review are displayed.



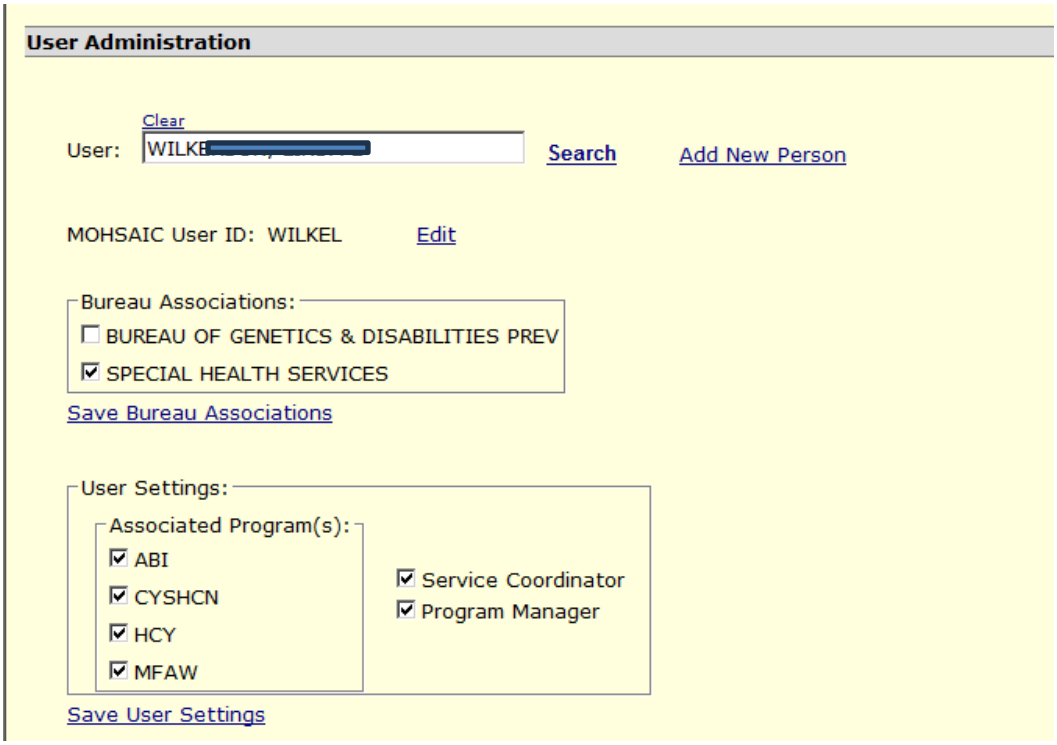
## Manage Assessment (CO Action)

The Manage Assessment screen allows certain users to conduct searches for Service Coordination Assessments.




## User Administration (CO Action)

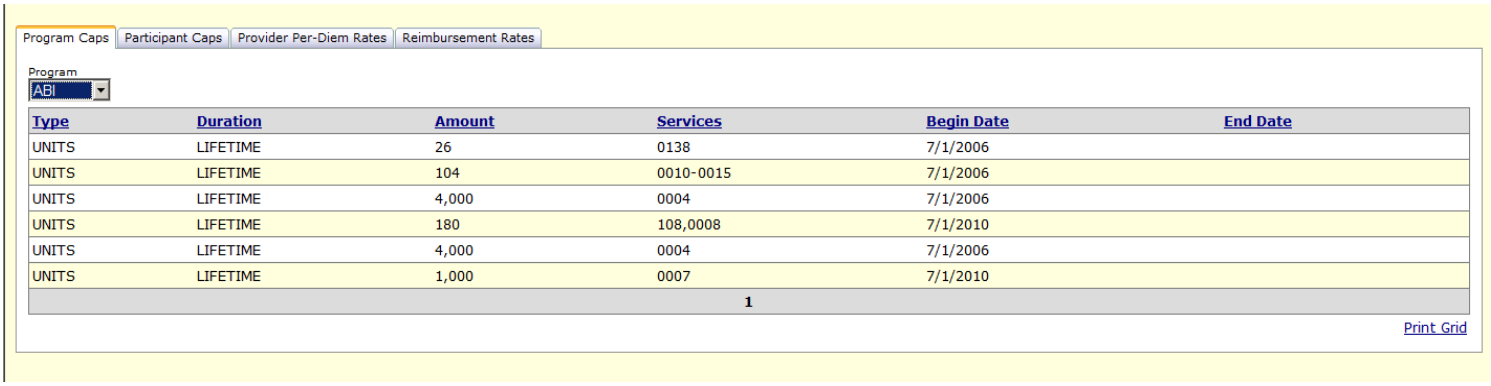
The User Administration screen allows certain users to conduct searches for staff to make Section and Program assignments for system use.



# Cap Limits & Reimbursement Rates (CO Action)

The Cap Limits & Reimbursement Rates screen allows users to view four (4) tabs that provide various views/functions related to the Financial Management portion of the system.

Program Caps tab:

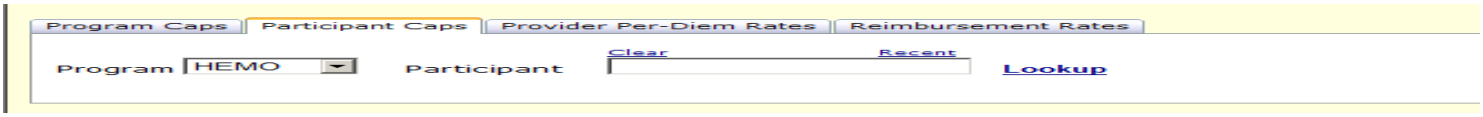



| Type | Duration | Amount | Services | Begin Date | End Date |
|---|---|---|---|---|---|
| UNITS | LIFETIME | 26 | 0138 | 7/1/2006 | |
| UNITS | LIFETIME | 104 | 0010-0015 | 7/1/2006 | |
| UNITS | LIFETIME | 4,000 | 0004 | 7/1/2006 | |
| UNITS | LIFETIME | 180 | 108,0008 | 7/1/2010 | |
| UNITS | LIFETIME | 4,000 | 0004 | 7/1/2006 | |
| UNITS | LIFETIME | 1,000 | 0007 | 7/1/2010 | |

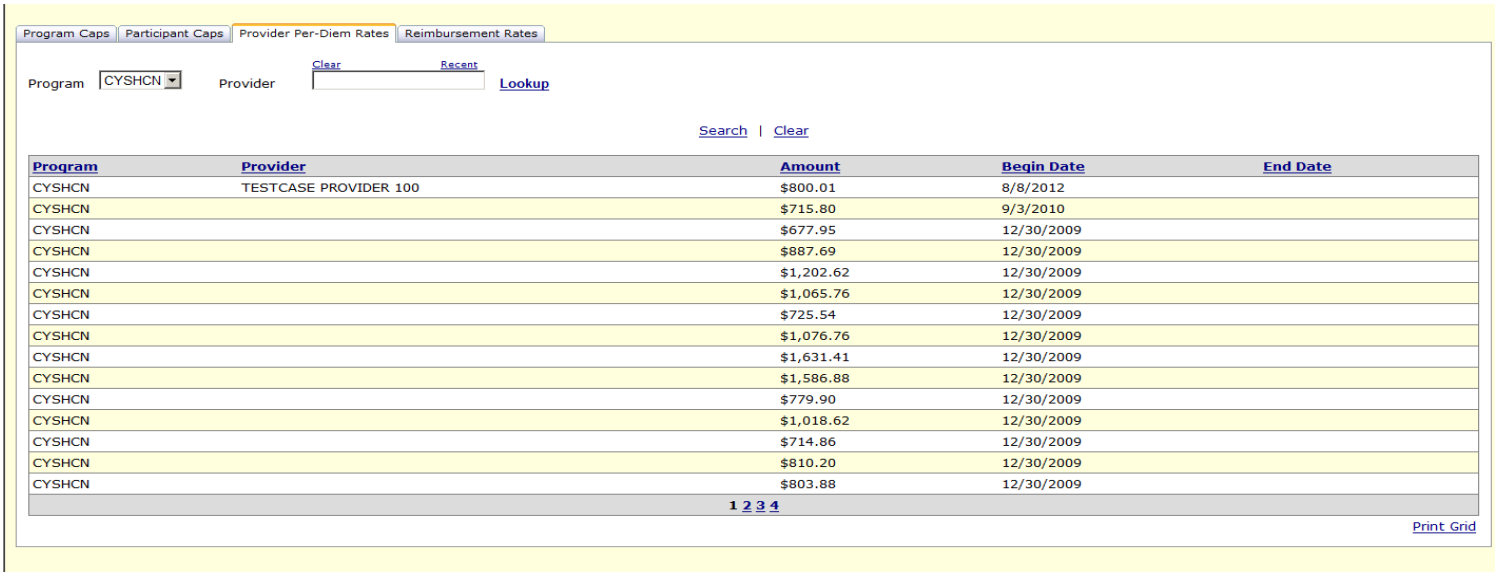
1

Print Grid

Participant Caps (Genetics Only) tab:




Provider Per-Diem Rates tab:

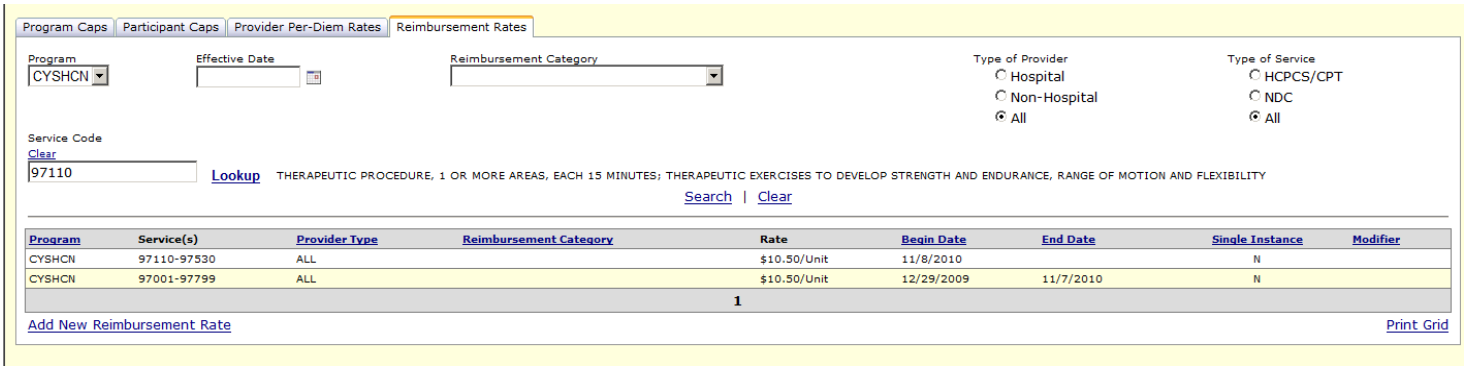



| Program | Provider | Amount | Begin Date | End Date |
|---|---|---|---|---|
| CYSHCN | TESTCASE PROVIDER 100 | $800.01 | 8/8/2012 | |
| CYSHCN | | $715.80 | 9/3/2010 | |
| CYSHCN | | $677.95 | 12/30/2009 | |
| CYSHCN | | $887.69 | 12/30/2009 | |
| CYSHCN | | $1,202.62 | 12/30/2009 | |
| CYSHCN | | $1,065.76 | 12/30/2009 | |
| CYSHCN | | $725.54 | 12/30/2009 | |
| CYSHCN | | $1,076.76 | 12/30/2009 | |
| CYSHCN | | $1,631.41 | 12/30/2009 | |
| CYSHCN | | $1,586.88 | 12/30/2009 | |
| CYSHCN | | $779.90 | 12/30/2009 | |
| CYSHCN | | $1,018.62 | 12/30/2009 | |
| CYSHCN | | $714.86 | 12/30/2009 | |
| CYSHCN | | $810.20 | 12/30/2009 | |
| CYSHCN | | $803.88 | 12/30/2009 | |

1 2 3 4

Print Grid

Reimbursement Rates tab:




| Program | Service(s) | Provider Type | Reimbursement Category | Rate | Begin Date | End Date | Single Instance | Modifier |
|---|---|---|---|---|---|---|---|---|
| CYSHCN | 97110-97530 | ALL | | $10.50/Unit | 11/8/2010 | | N | |
| CYSHCN | 97001-97799 | ALL | | $10.50/Unit | 12/29/2009 | 11/7/2010 | N | |

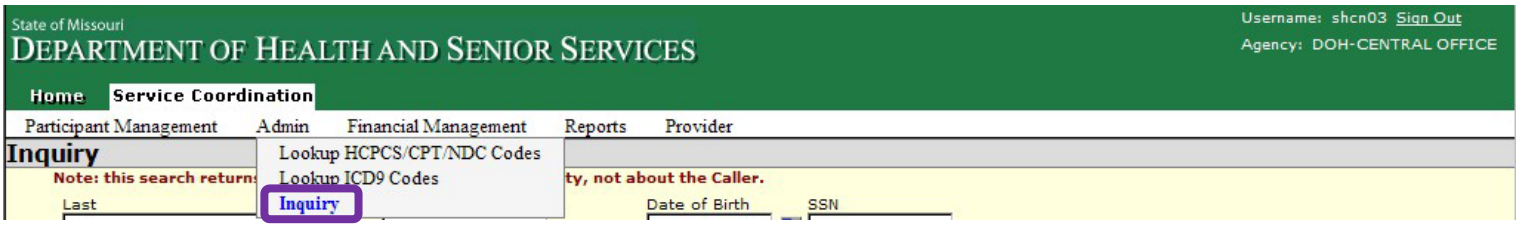
1

Add New Reimbursement Rate

Print Grid

## Inquiry

The Inquiry section is located under the ADMIN menu. The Inquiry screen allows electronic documentation without requiring a party to be assigned a DCN or a 'medical client' status. The Inquiry section allows users to enter new Inquiry issues or search past Inquiry entries.



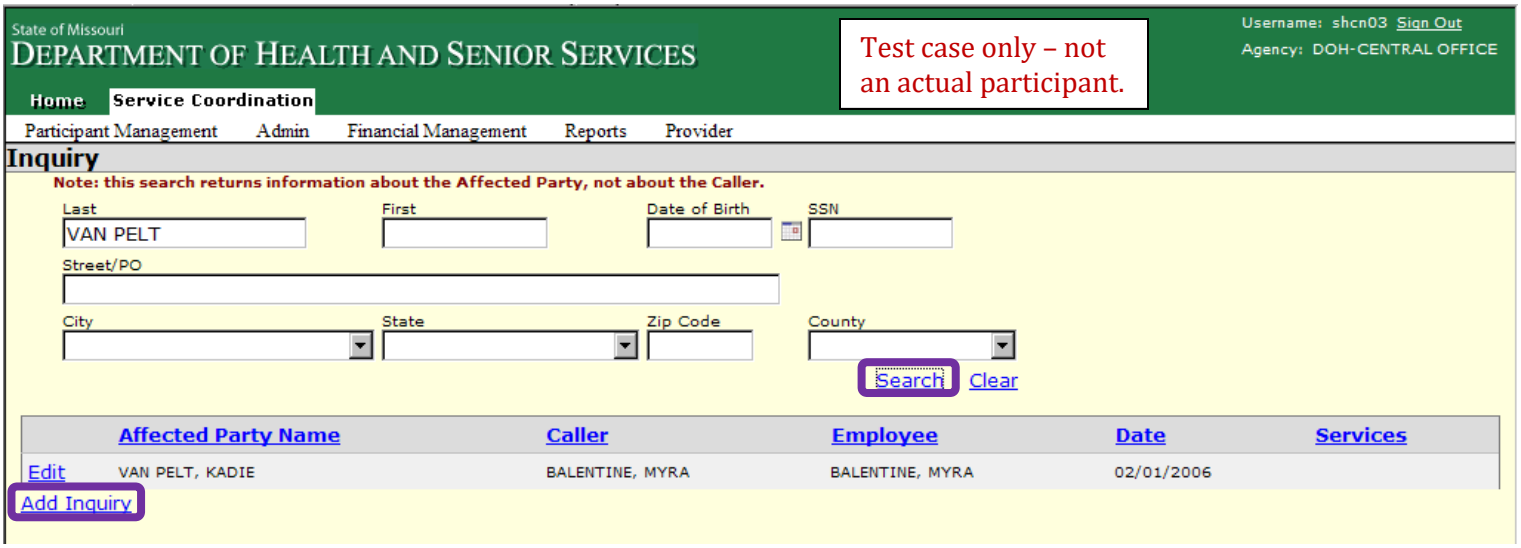

## Inquiry - Search

The system operates on the philosophy of 'less is more' and vice versa; the more information entered will narrow the search results displayed. Example, enter only a last name 'Van Pelt' returns all Van Pelt's entries in the Inquiry section. In this example that is 'Kadie Van Pelt'. If the current Inquiry is about 'Lucy Van Pelt', the user can determine from the search that no other Inquiry entry has been completed for 'Lucy Van Pelt'.

Complete the Last Name field entry (at a minimum) and select the Search link to conduct a search of previous Inquiry entries. Select the Clear link to remove all the field entries from a previous search.

The search function is restricted to conduct searches on the Affected Party, not a caller. Example, the caller is Charles Schultz. Charles Schultz called about the Affected Party, Charlie Brown. To conduct an Inquiry search, the name field should be completed with Charlie Brown's name not Charles Schultz's name.

The Add Inquiry link allows documentation of the Inquiry to occur without any search of the Inquiry section being conducted.



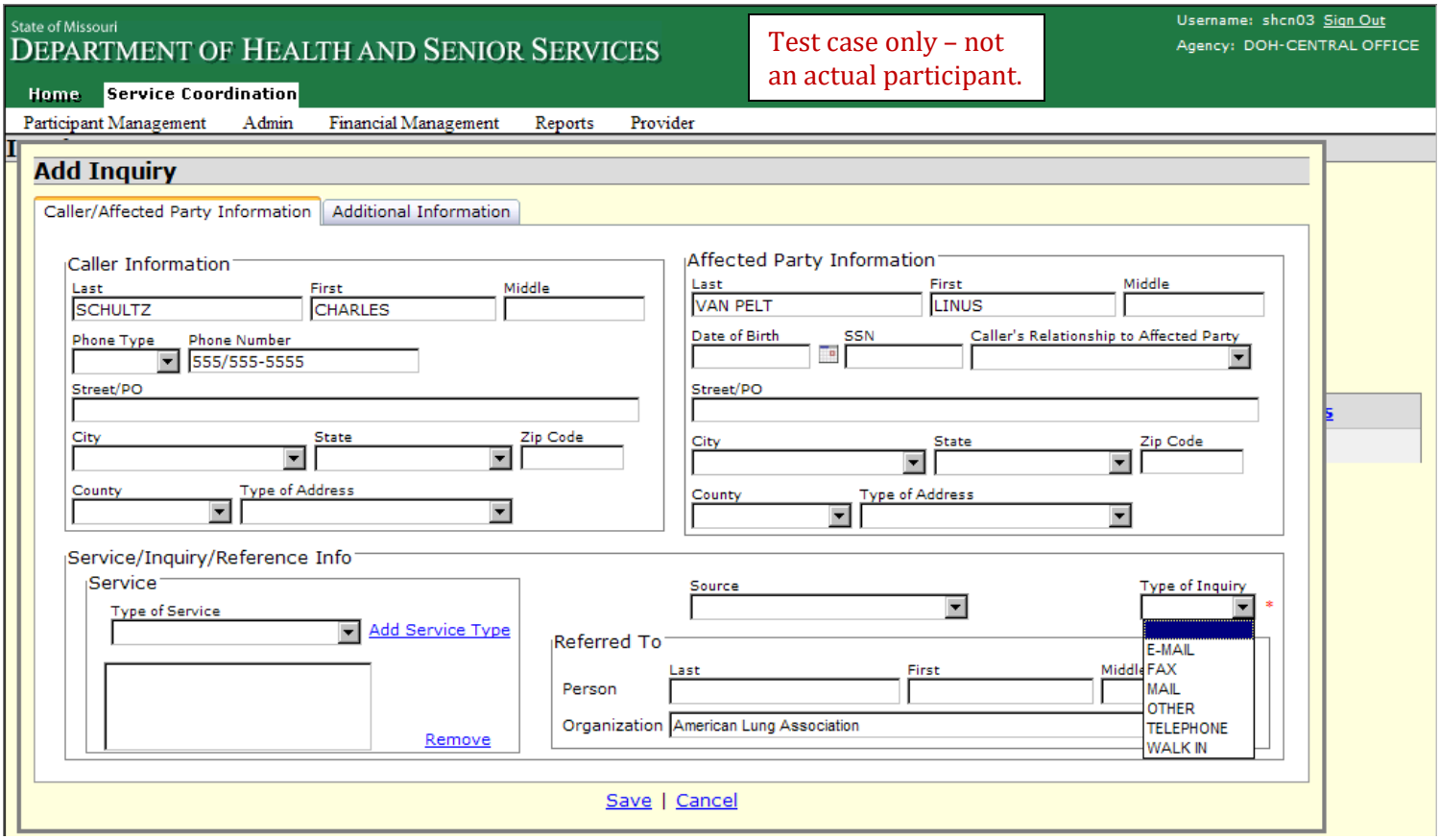
## Inquiry – Add Inquiry Screen

The screen displays two (2) tabs for entry:

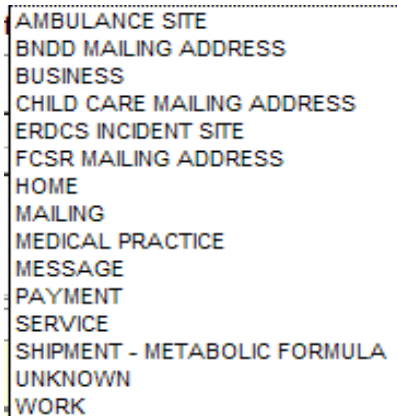
1) Caller/Affected Party Information
2) Additional Information.

Fields are provided to record information given by the party who contacted SHCN. For the Inquiry to be saved, only the following fields require entry:

- Service/Inquiry/Reference Info field
- Type of Inquiry field



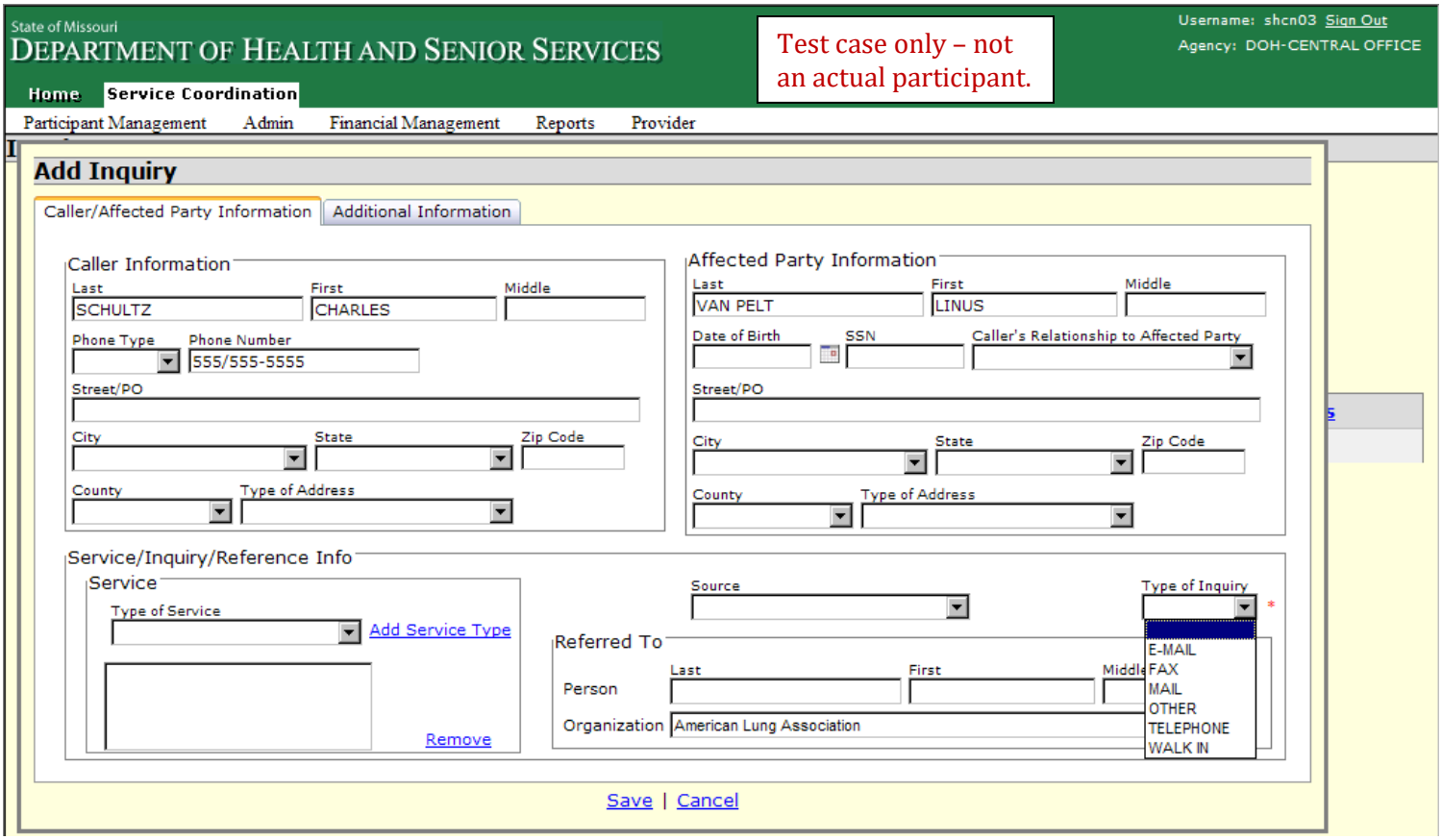
## Inquiry – Add Inquiry Screen - Caller/Affected Party Information Tab

| Section | Field | Action |
|---|---|---|
| **Caller Information Section:** | **Last** | Last name of the party who called. |
| | **First** | First name of the party who called. |
| | **Middle** | Middle name of the party who called. |
| | **Phone Type** | Select the type of phone number given:<br>• Beeper<br>• Cellular<br>• Fax<br>• Typical<br>• Unknown |
| | **Phone Number** | A phone number, including area code, for the caller. |
| | **Street/PO** | The street address or PO Box number of the caller. |
| | **City** | The city where the caller resides. |
| | **State** | The state where the caller resides. |
| | **Zip Code** | The Zip Code of the city where the caller resides. |
| | **County** | The county where the caller resides. Selections are:<br>• All 114 counties in MO<br>• St. Louis City<br>• Kansas City<br>• Central Office<br>• Unknown<br>• Out of State<br>• Invalid |
| | **Type of Address** | Select the best option that describes the caller's address:<br>  |

## Inquiry – Add Inquiry Screen - Caller/Affected Party Information Tab (continued)

| Section | Field | Action |
|---|---|---|
| **Affected Party Information Section:** | **Last** | Last name of the party who the call is about. |
| | **First** | First name of the party who the call is about. |
| | **Middle** | Middle name of the party who the call is about. |
| | **Date of Birth** | The birthday of the party who the call is about. |
| | **SSN** | The social security number of the party who the call is about. |
| | **Caller's Relationship to Affected Party** | What is the best description of the relationship between the caller and the person who they called about, i.e., self, guardian, father, mother, etc. |
| | **Street/PO** | The street address or PO Box number of the party who the call is about. |
| | **City** | The city where the party who the call is about resides. |
| | **State** | The state where the party who the call is about resides. |
| | **Zip Code** | The Zip Code of the city where the party who the call is about resides. |
| | **County** | The county where the party who the call is about resides.<br>Selections are:<br>• All 114 counties in MO<br>• St. Louis City<br>• Kansas City<br>• Central Office<br>• Unknown<br>• Out of State<br>• Invalid |
| | **Type of Address** | Select the best option that describes the address of the party who the call is about:<br>AMBULANCE SITE<br>BNDD MAILING ADDRESS<br>BUSINESS<br>CHILD CARE MAILING ADDRESS<br>ERDCS INCIDENT SITE<br>FCSR MAILING ADDRESS<br>HOME<br>MAILING<br>MEDICAL PRACTICE<br>MESSAGE<br>PAYMENT<br>SERVICE<br>SHIPMENT - METABOLIC FORMULA<br>UNKNOWN<br>WORK |

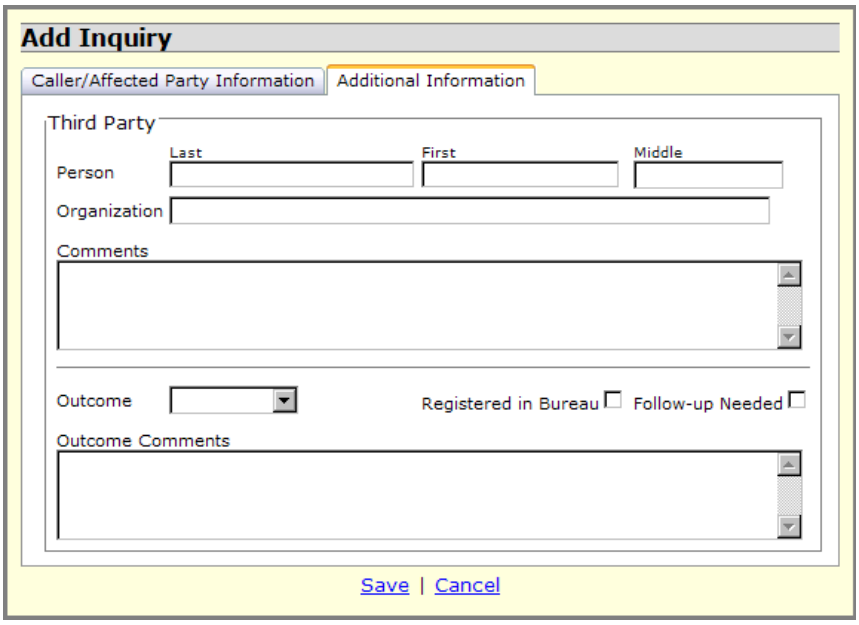
# Inquiry – Add Inquiry Screen - Caller/Affected Party Information Tab (continued)



## Inquiry – Add Inquiry Screen - Caller/Affected Party Information Tab (continued)

| Section | Field | Action |
|---|---|---|
| **Service/Inquiry/ Reference Info Section:** | **Type of Service** | Select the best description(s) that indicates why the party called, i.e., was it because the affected party:<br>• Has a Brain Injury<br>• Has a health care concern (asthma, cancer, diabetes, etc.)<br>• Needed information about another state agency/department/division<br>ASTHMA<br>BRAIN INJURY - OTHER<br>BRAIN INJURY - TRAUMATIC<br>BSHCN INFORMATION<br>CANCER<br>DIABETES<br>DIVISION OF AGING<br>DMH INFORMATION<br>DOH INFORMATION<br>DSS MEDICAID<br>DSS NON-MEDICAID<br>DURABLE MEDICAL EQUIPMENT<br>MEDICAL SUPPLIES<br>NUTRITIONAL SUPPLEMENTS<br>OTHER INFORMATION<br>OTHER NME CONDITION<br>OUT OF STATE SERVICES<br>WRONG NUMBER |
| | **Source** | Select the best description that indicates how the caller learned about SHCN:<br>BRAIN INJURY ASSOCIATION<br>COMMUNITY AGENCY<br>CSHCN SCREENER<br>FLYER<br>FRIEND / NEIGHBOR<br>HEALTH CARE PROVIDER<br>NEWSPAPER<br>OTHER<br>OTHER PARENT<br>OTHER STATE AGENCY<br>RADIO<br>REQUIRES ROUTINE MEDICAL CARE<br>TELEVISION |
| | **Type of Inquiry** | Select the best description that indicates how the caller contacted SHCN:<br>E-MAIL<br>FAX<br>MAIL<br>OTHER<br>TELEPHONE<br>WALK IN |
| **Referred To Section:** | **Person Last** | Last name of the party the caller was referred to. |
| | **Person First** | First name of the party the caller was referred to. |
| | **Person Middle** | Middle name of the party the caller was referred to. |
| | **Organization** | Name of the business, organization, group, etc., the caller was referred to. |

## Inquiry – Add Inquiry Screen – Additional Inquiry Tab




| Section | Field | Action |
|---|---|---|
| **Additional Information Tab:** | | |
| **Third Party Section** | **Person Last** | If an addition referral was given, the Last name of the party the caller was referred to. |
| | **Person First** | If an addition referral was given, the First name of the party the caller was referred to. |
| | **Person Middle** | If an addition referral was given, the Middle name of the party the caller was referred to. |
| | **Organization** | If an addition referral was given, the Name of the business, organization, group, etc., the caller was referred to. |
| | **Comments** | Free text field |
| | **Outcome** | • Complete to signify the Inquiry was finished and there are no additional contacts anticipated.<br>• Incomplete to signify the Inquiry was not finished and additional contacts are anticipated. For example, if the Affected Party applied to MO HealthNet, they could potentially be enrolled in the CYSHCN Program or HCY Program. |
| | **Registered In Bureau** | If the Affected Party is already a participant in an SHCN program the Inquiry entry should be documented in the participant's record. Conduct a search and complete entry in the appropriate section of Participant Management. |
| | **Follow-up Needed** | Mark this selection if the user indicated they needed to locate information for the caller and return their call. |
| | **Outcome Comments** | Free text field |

## Inquiry - Edit

If a user needs to change previous entry, select the Edit link associated to the appropriate Inquiry.

## REPORTS SUB-MENU

## Reports

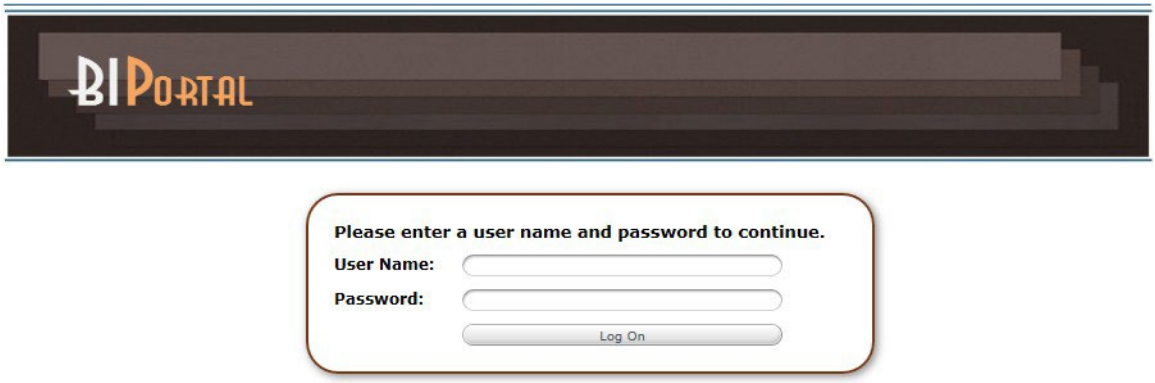
Any MOHSAIC system entry field can be retrieved from the system in the form of a report.

The reporting tool used is BiPortal Reports.

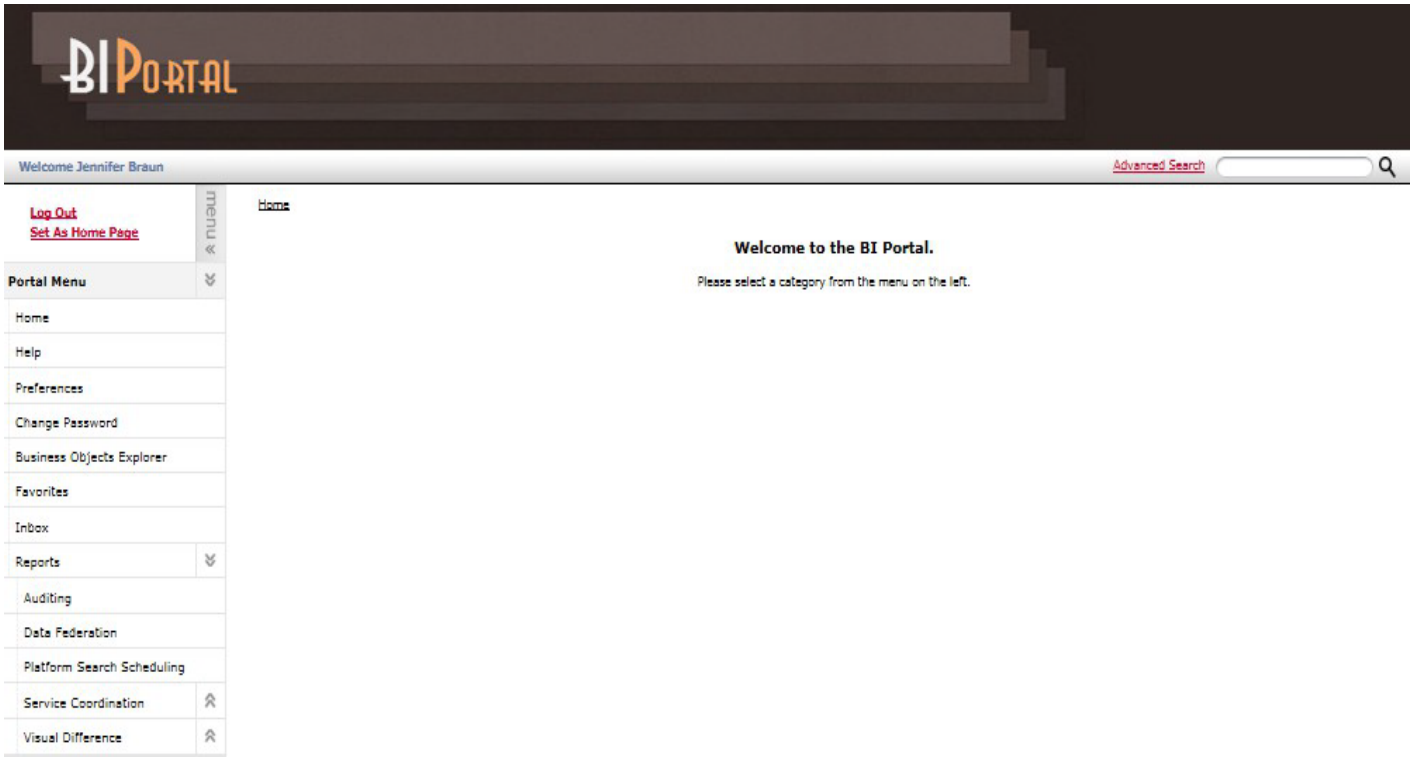
BiPortal Reports is accessed by selecting the https://reportal.dhss.mo.gov/biportal/Login.aspx link.

## Reports – BiPortal Login

The User Name and Password will be the same as what is used to log into MOHSAIC.



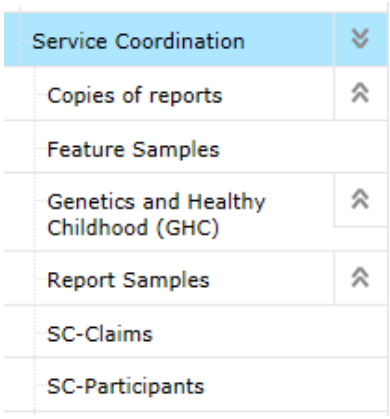

After a successful log in, the following screen will appear.



## Reports – Service Coordinator Folder

Select the 'drop down arrows' next to Service Coordination, to display the Service Coordination folders.

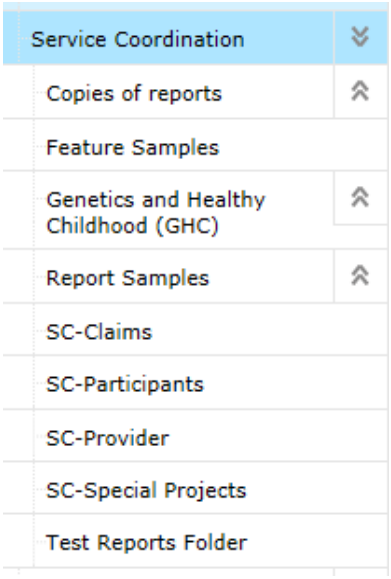
To access the folders in the Service Coordination folder, select the name of the folder, i.e., SC-Participants.




## Reports –Folders

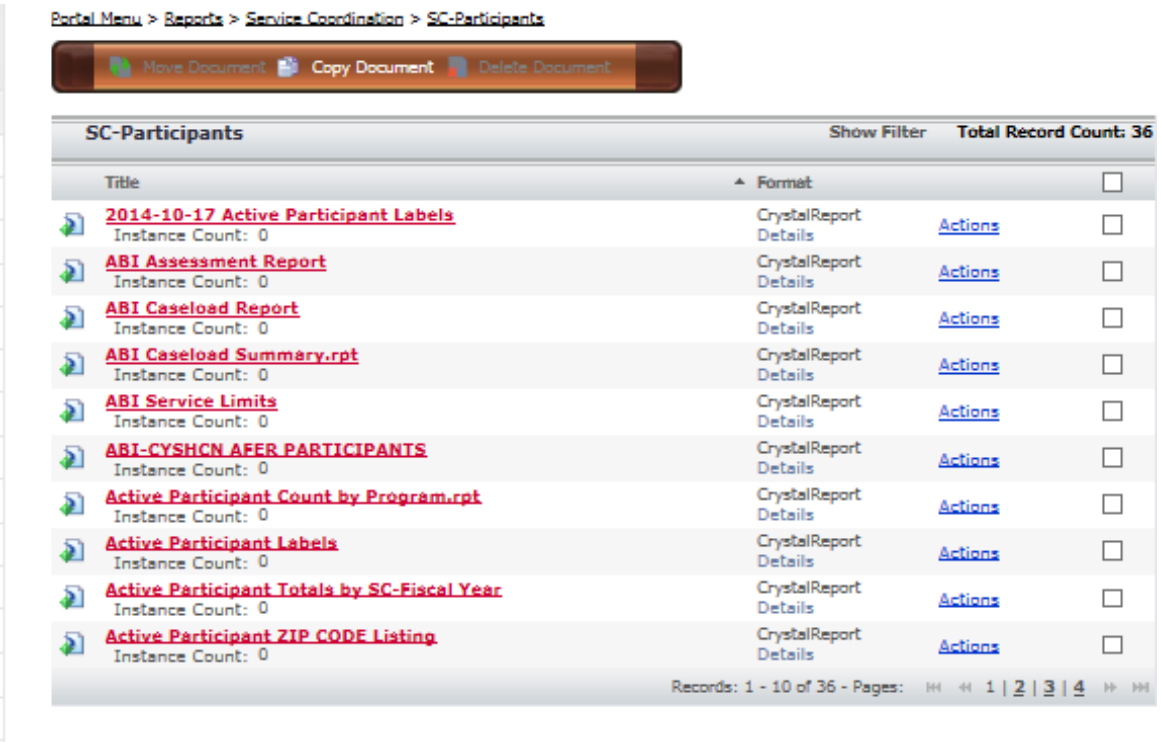
Access to report folders is based on a user's level of system access.

The Report system has Claims, Participants, Provider, Special Projects, and Test folders to designate the type or phase of a report.



## Reports –Sub-Folders

To display a report in a folder, select the folder title. In this example the SC Participants folder is selected.

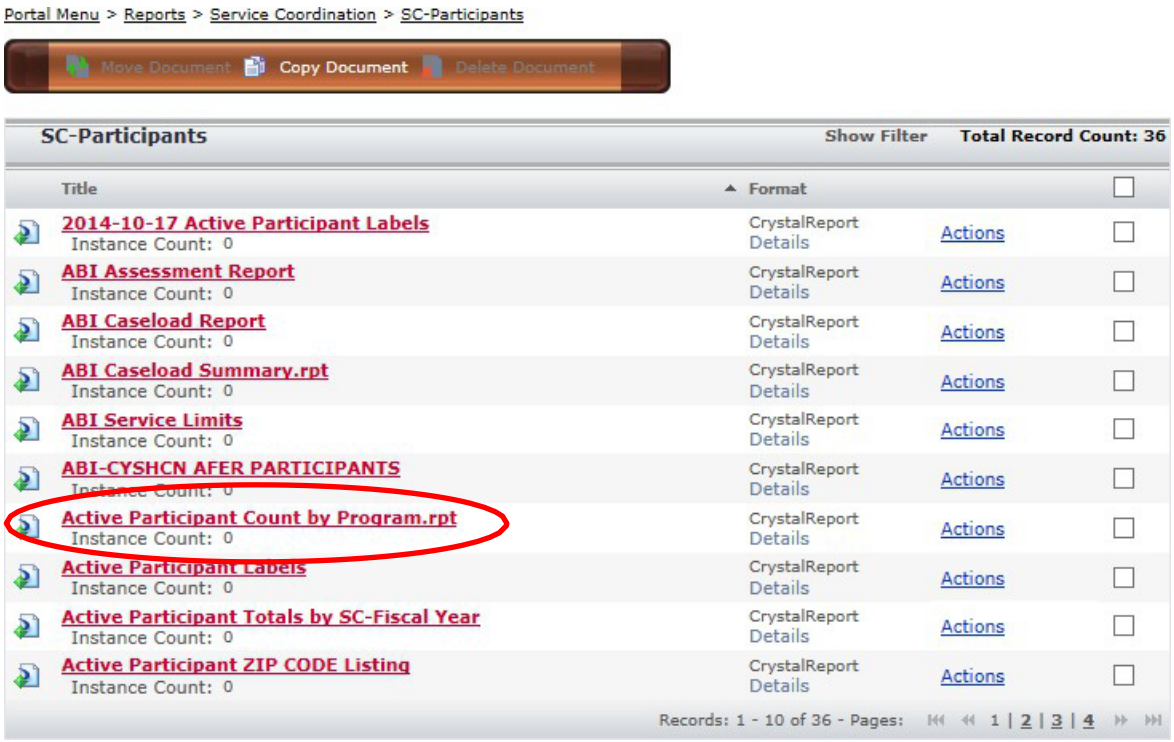



## Reports –Select/Access Specific Report

To select a specific report, select a report name.

The Parameter page for a report will display. (Disregard all other information on this page.)

For this example, the Active Participant Count by Program report title is selected.

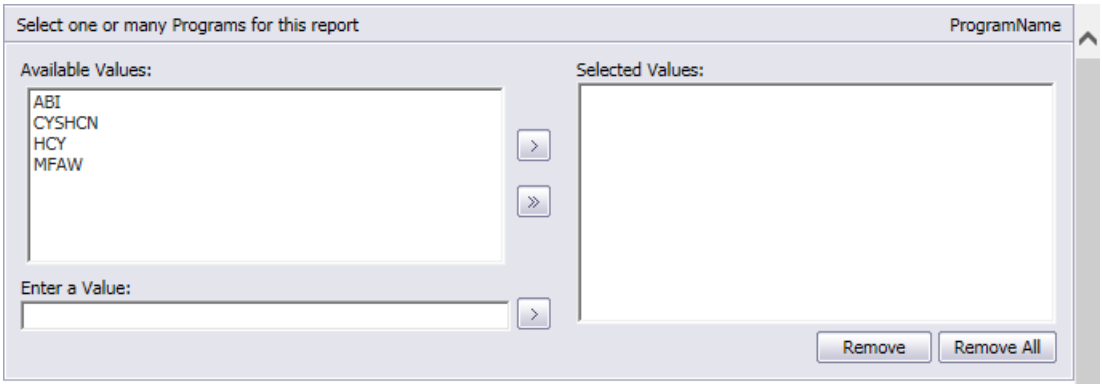


## Reports –Parameter Page

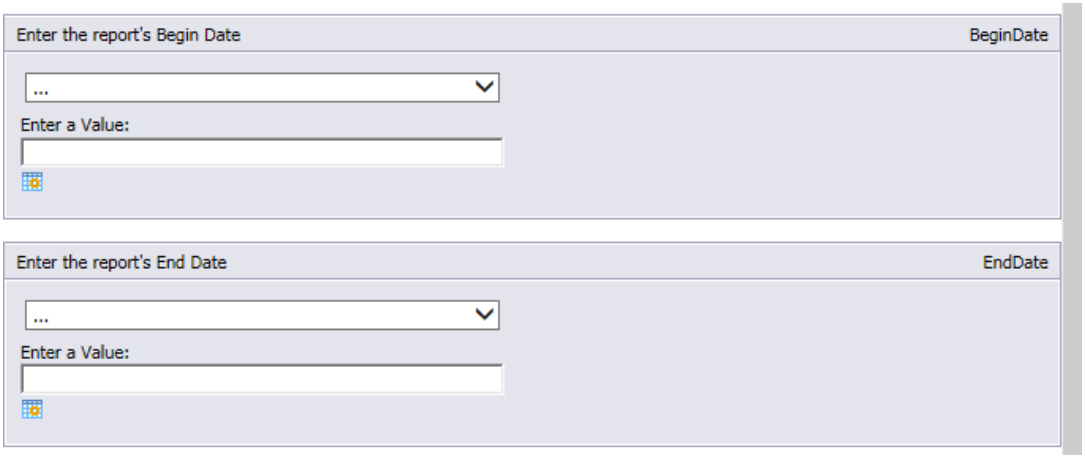
Parameters are used to designate how a report should be grouped, (i.e., Program, Service Coordinator or Region). Some reports also have date parameters to designate a period of time, i.e., week, month, year, fiscal year, etc.

To complete entry for a Program, Service Coordinator or Region, a user must make a selection.

Program Parameter:



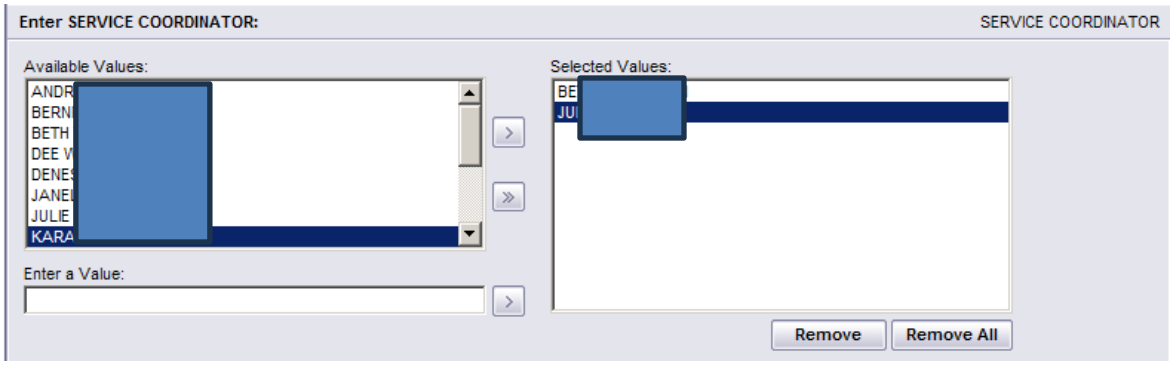

Date Parameters:



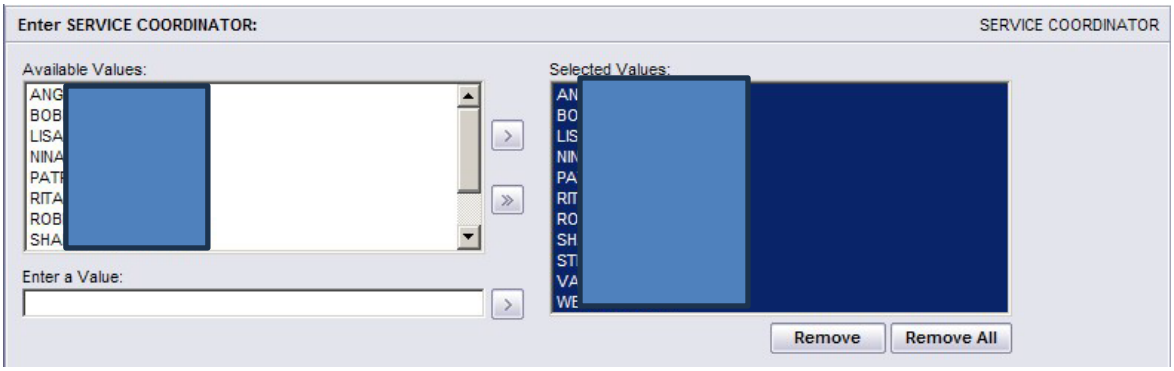
## Reports –Parameter Field Selection

Objects may be selected individually, to tailor a report to just a few options.

A user can select each choice and use the '>' to move each object to the right side of the parameter field.




Or a user may select the '>>' button to move all objects, at once, into the right side of the parameter field to create a report that contains all options.



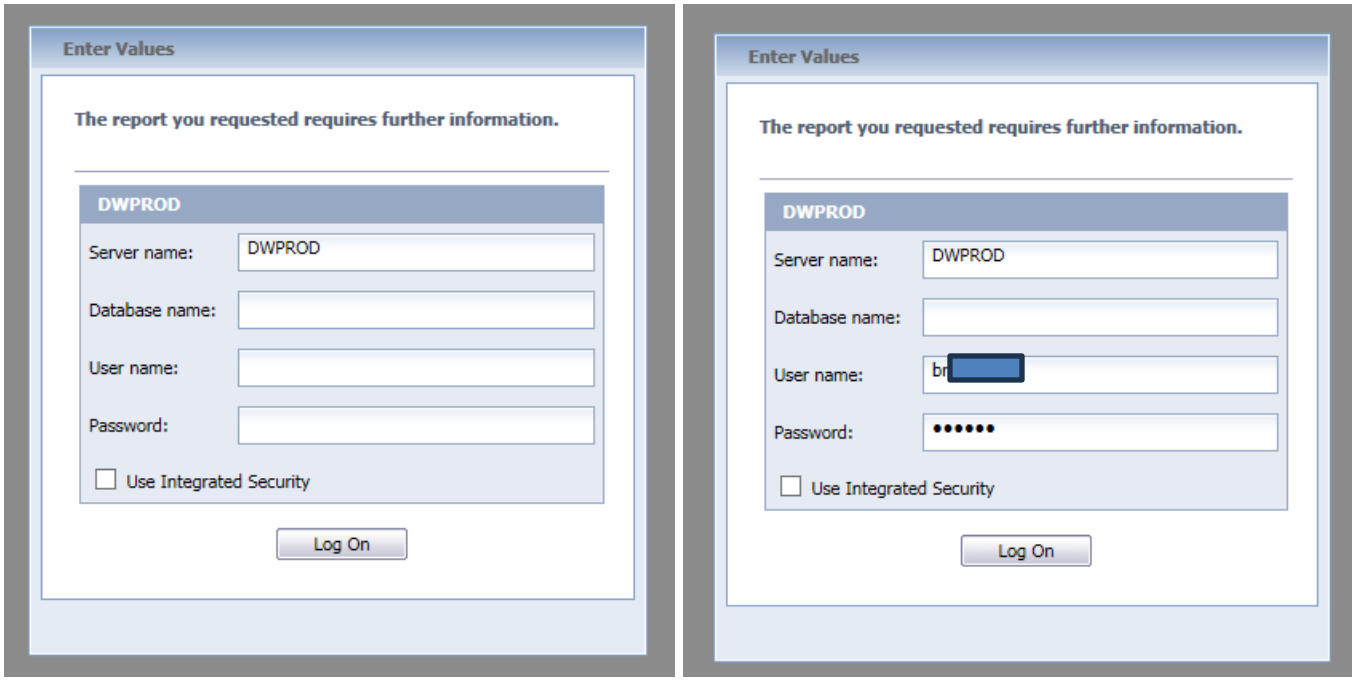

Format for date entry in any date parameter field is YYYY-MM-DD (i.e., 2013-01-31). A user must use the dash (-) vs. a forward slash (/) in a date parameter field.

There is also a calendar icon provided for date selections.

## Reports –Second Login

The BiPortal Reports system will require a user to complete a second login before access to any report is granted.

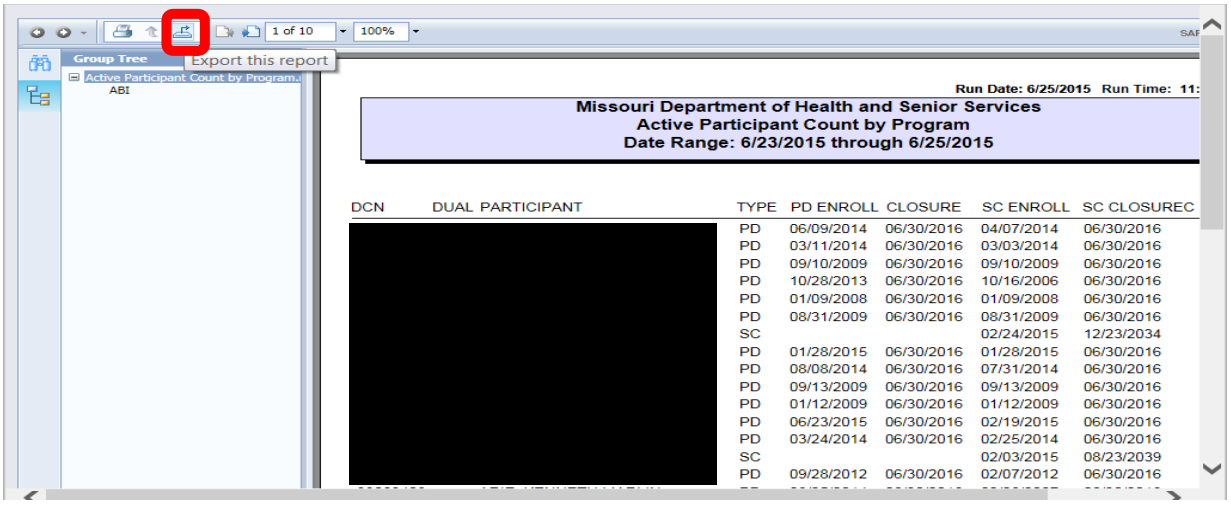
- Server name is DWPROD.
- Database name will need to remain blank.
- A user ID is the same user ID used to access the MOHSIAC system.
- The password is a user's first and last initials and last four (4) digits of their Social Security Number, i.e., jb1234




## Reports –Export (Download) Reports

The BiPortal Reports system allows a user to download any report accessed.

With a report display open, select the first icon on the tool bar in the upper left corner of a report window (the link will state 'Export this report' if you hover over the link).



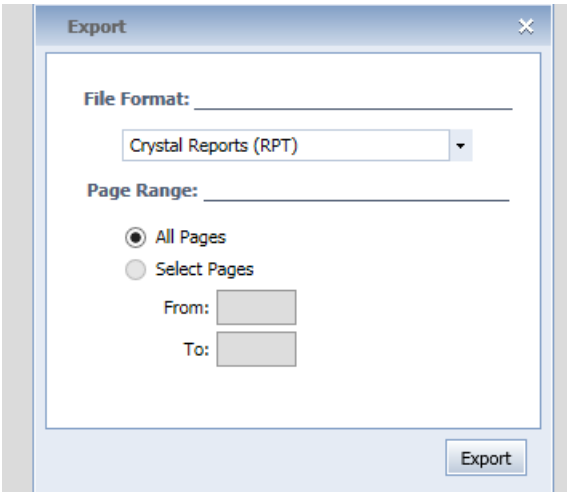
## Reports –Export (Download) Report Window

When the Export icon is selected, a separate window will display requiring a user to make specific selections so the downloaded report will be exported appropriately, i.e., using MS Word, MS Excel, Adobe Acrobat, etc.

The window also allows a user to select the Page Range, i.e., whole report or certain pages of a report to be exported.

General rules for exporting are:

- Use a MS Word option(s) to download a report into a Word document, i.e., aggregate reports (as shown in the example), AFER Form report, or Caseload reports.
    - The 'editable' option allows a user to change a report after it is downloaded from the Crystal Report system, i.e., change page breaks.
- Use an MS Excel option(s) to download a report into an Excel spreadsheet format, i.e., Master Spreadsheet report.
    - The 'editable' option allows a user to 'filter' or change a report after it is downloaded from the Crystal Report system.
- Use the Adobe Acrobat option to download a report into a PDF format.
    - If a report does not need to be altered in any way, especially if a report needs to be sent as an email attachment.
    - PDF report versions save 'space'; it is a smaller, more compact report download.




## Reports –File Download

After selecting the File Format and Page Range for a report download, the BiPortal Report system will allow a user to choose if they want to view or save a report.

- Open will display the exported report.
- Save will place the exported report into the selected folder.
- Cancel will discontinue the export process.