Home and Community Based Services (HCBS) Web Tool – A Module of *Cyber*Access℠

For Home and Community Based Services Providers

The HCBS Web Tool:

- **Gives HCBS providers 'real time' access to the participant's electronic record including:**

  - **Participant Case Summary;**

    - ✓ **Prior Authorizations for HCBS** (read only)

  - **PreScreen** (read only);

  - **Assessments**; and

  - **Case Activity.**

    - ✓ **Case Notes/Attachments** (limited access)

IMPORTANT

- **The HCBS Web Tool is <u>not</u> a messaging system and does not replace communication between DSDS and providers.**

HCBS Web Tool Access for HCBS Providers

- To gain access to *Cyber*Access℠ including the HCBS module it is **<u>critical</u>** that HCBS providers and pertinent staff **<u>enroll</u>** in *Cyber*Access℠.

  - The MO HealthNet Division contracts with Conduent to provide *Cyber*Access℠. To enroll in *Cyber*Access℠, contact the Conduent help desk toll free at **888-581-9797** or **573-632-9797**, or send an e-mail to **CyberaccessHelpdesk@conduent.com**.

- *Cyber*Access℠ enrollment also ensures the provider will display within the appropriate provider listing for HCBS selection.

- HCBS provider supervisors, clinical staff, field coordinators and billing staff may request access.

  - User name and password must **<u>never</u>** be shared.

- Access to the HCBS Web Tool for direct care staff including in-home aides and other home care staff is not appropriate.

Stay Informed

- **To receive (DSDS) updates that impact the authorization and delivery of HCBS, providers shall enroll in DSDS E-News.**

- **Regularly review Provider Memos and Web Tool Provider Communications to keep informed of specific updates.**

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

Home and Community Based Services Provider Information

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

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

HCBS Web Tool

- Introduction
- Provider CyberAccess℠ Enrollment
- Account Maintenance/System Settings
- Web Tool Provider Communications
- Resources
- Contact Information

Provider Reassessment Information

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

To Ensure Access to the HCBS Web Tool

- ✓ **Make sure Pop-up Blockers are turned off**
- ✓ **Ensure *Cyber*Access is a 'Trusted site'**
- ✓ **Ensure *Cyber*Access is added to Compatibility View Settings**
- ✓ **Adobe Reader software is required to print documents from the Web Tool**

- ▪ **Instructions can be found by using this link:**
    http://www.health.mo.gov/seniors/hcbs/webtoolaccountmaintenance.php

How to Log into *Cyber*Access℠

- **Enter the *Cyber*Access℠ web address or URL.**

  https://www.cyberaccessonline.net
  - **This link can be added to your internet Favorites.**
  - **Do <u>not</u> create a shortcut on your desktop.**

- **Enter your User Name and Password assigned to you by Conduent (Slide 3).**

- **Select 'Log In'.**

End User License Agreement and Terms of Use (EULA)

- Upon sign on, the user will see the EULA. By selecting 'I Accept' the user agrees and understands the conditions of use of this product and recognizes that the services contain information which is protected by HIPAA, and other federal and state laws or regulations.

- *HCBS Provider staff utilizing CyberAccess^sm and the HCBS Web Tool agree to be bound by, and comply with, all applicable laws and regulations.*

*Cyber*Access℠ Home Screen

- Displays specific User's Name.

- Displays HCBS Provider name (Practice). Within the HCBS Web Tool, users are assigned to a specific practice.

- HCBS providers may have multiple sites.

The Case History Screen

HCBS Web Tool - Case History Screen

Allows providers to check for a
Care Plan Services activity

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

- The Care Plan Services activity informs the provider of the prior authorization.

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

*Cyber*Access℠ Home Screen Accessing the HCBS Case History

■ **Provider users can select HCBS Case History from the drop down on the home screen.**
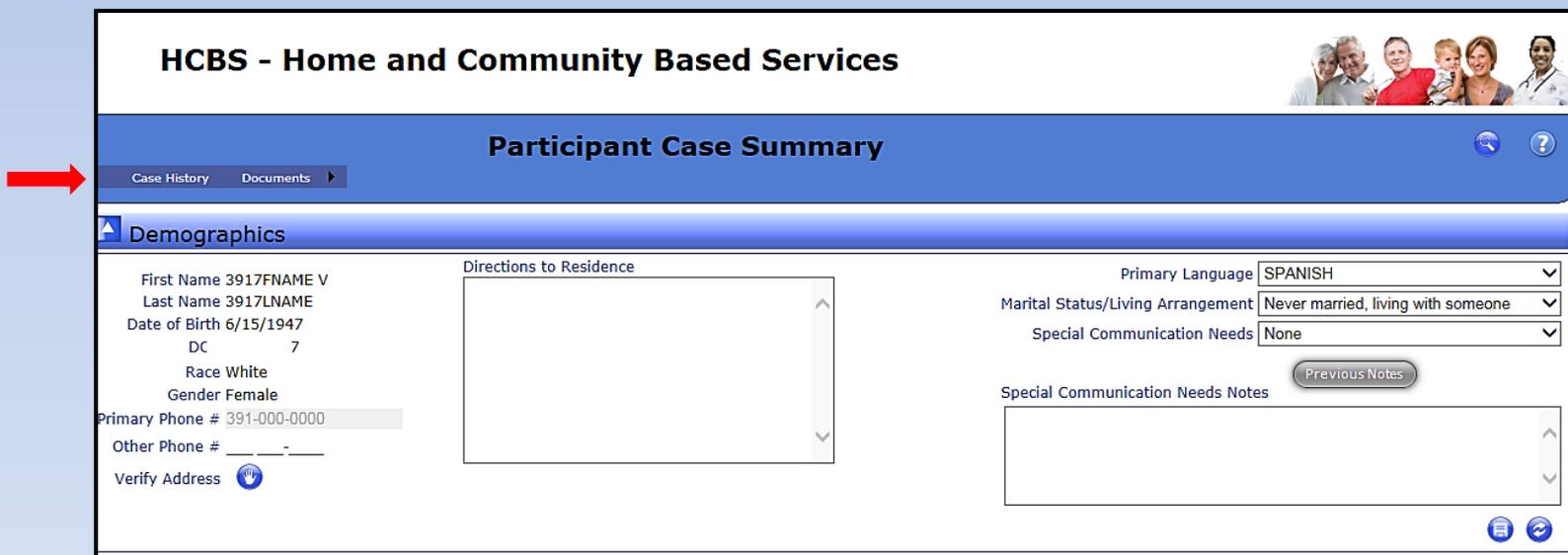
A number will display adjacent to HCBS Case History to indicate the number of prior authorization care plans that have been posted within the last seven (7) days.

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

Navigation to the Case History Screen

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

HCBS Web Tool - Case History Screen

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

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

Case History Screen

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

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

Participant Specific Screens

Participant Search Functionality
*Cyber*Access℠ Home Screen

- **The Site Patients panel functions as a search feature only and is _not_ a list of participants (patients) authorized to a specific provider.**

- **Site Patients panel is a list of participants that users within the same practice have searched for from the home screen within the last _90 days_.**

Other Participant Specific Search Functionality on the *Cyber*Access℠ Home Screen

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

MO HealthNet Demographics

- **The user is navigated to the Demographics for the selected participant.**

- **The Demographics are populated from data in MMIS.**

- **This screen is read only and can only be updated by the Family Support Division (FSD).**

Navigation to a Participant's HCBS Record

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

Selecting HCBS Provides Access to Participant Specific Screens

Participant Case Summary

PreScreen for new participants

(read only)

Participant Specific

Assessment

Case Activity

(limited access)
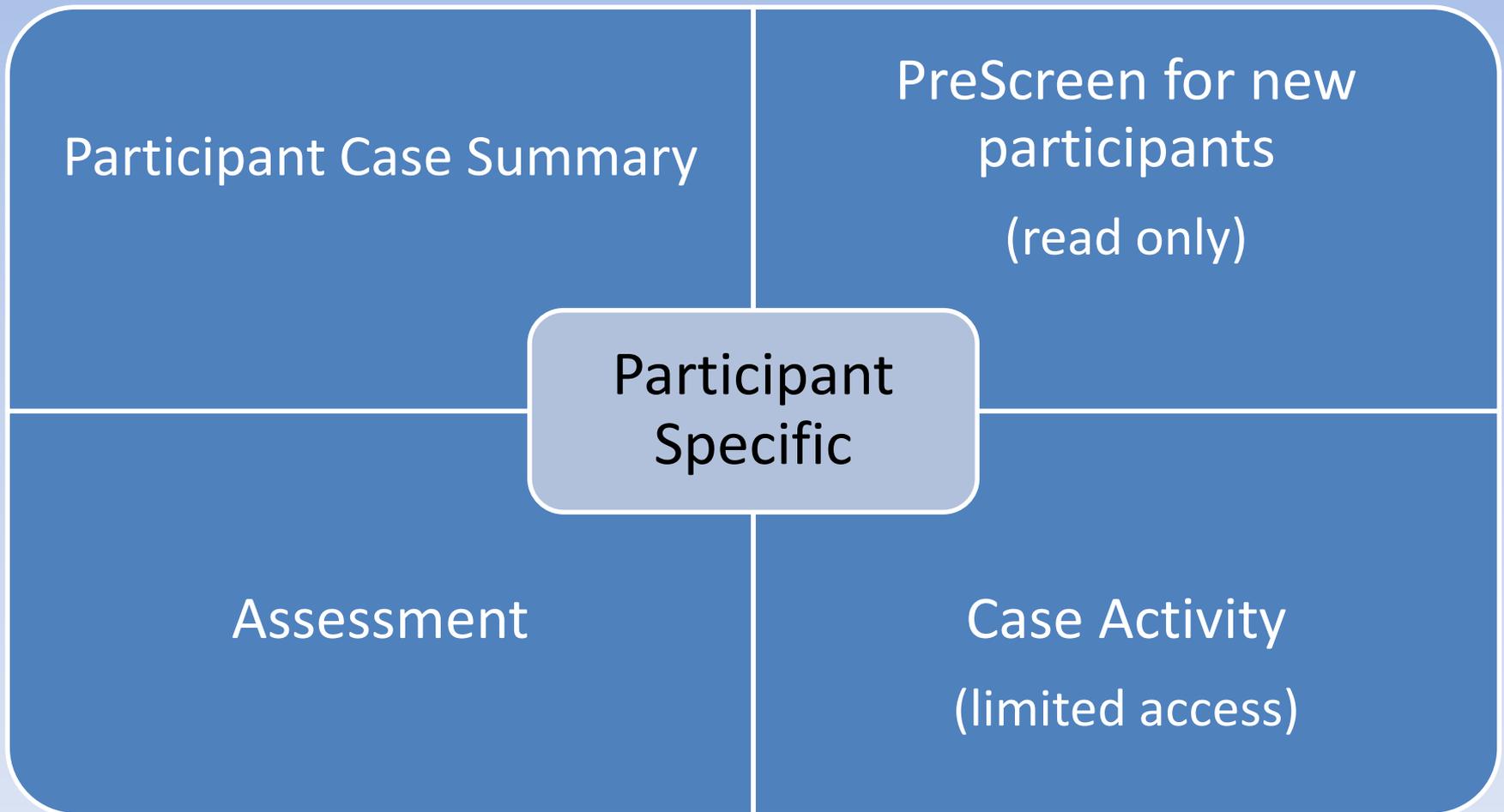
Internal Search

Within the HCBS module (any screen), use the <u>internal search feature</u> for _every new participant search_. Select the 🔍 .
In the pop-up box enter the search criteria for the new participant and select the 🔍 or 'Enter.'
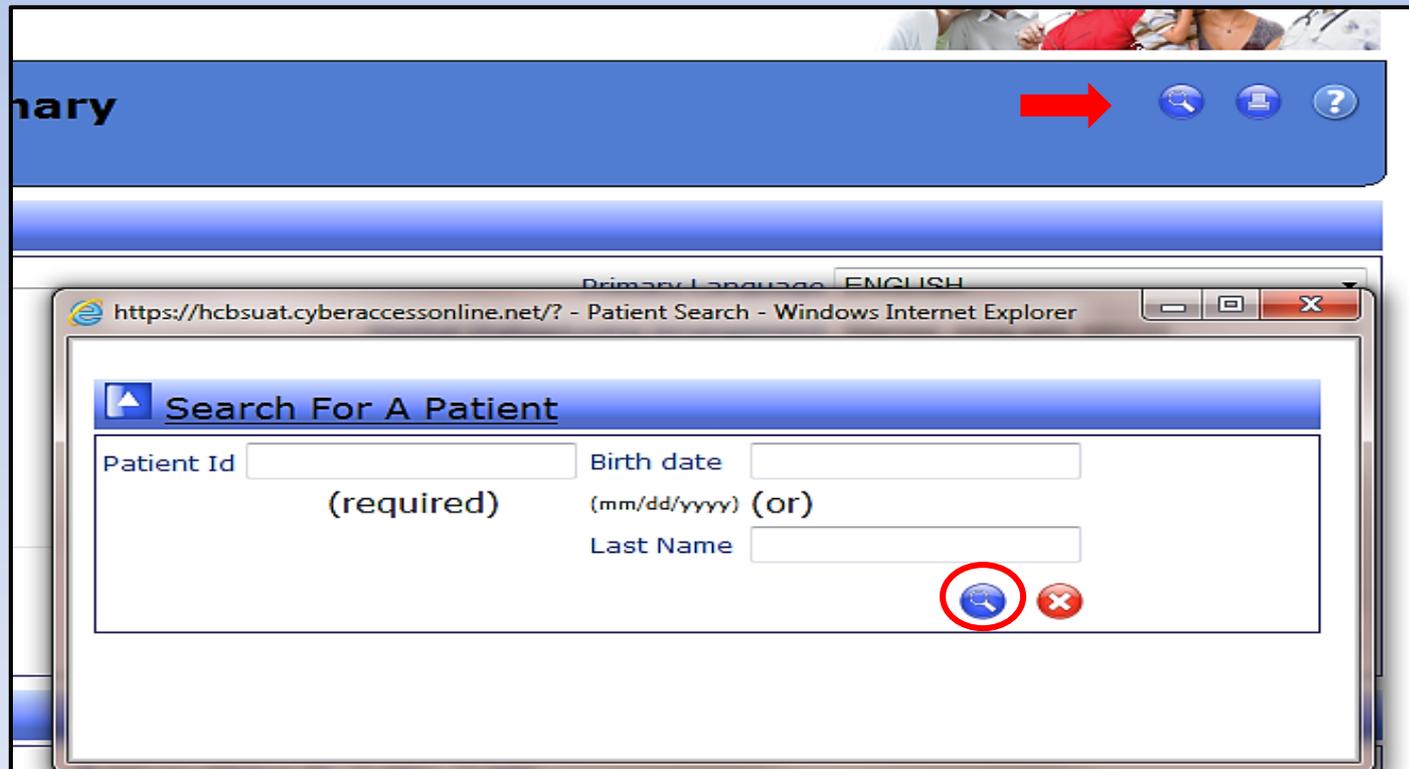
Participant Case Summary Screen Demographics

- **HCBS providers have the ability to update.**

- **Demographics information includes Address, Directions to Residence, Primary Language, Living Arrangement and Special Communication Needs.**

Participant Case Summary Screen – editable fields

Update Address:

- **Select Verify Address** 🖐 **to review all of the information in the Address pop up box.**

- **The FSD Address (at the top of the text box) is not editable. If the participant does not currently live at the FSD Address, select No.**

The Address text box appears after you select Verify Address.

Participant Case Summary Screen – editable fields

Update Address:

- **When No is selected, a Current Address field will display. Complete the required fields marked with a red asterisk.**

- **If Directions to Residence are needed, they must be entered within the Address window.**

- **Select Save to retain changes.**

Participant Case Summary Screen editable fields Demographics

1. **Review and edit Primary Language, Living Arrangement and Special Communication Needs using the associated dropdown boxes.**

2. **Enter information specific to communication in the text box.**

3. **Select Save to save and update the Demographic section.**

To view previously entered notes select the button **Previous Notes** .
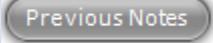
Participant Case Summary Screen editable fields Physician Information

- **To remove previously entered Physician Information, select refresh.**

- **Enter as much of the search criteria that you have and select Search.**

- **Select the for the physician to populate.**

- **The physician ID is not used and remains blank.**

Participant Case Summary Screen

Eligibility

- **Medicaid eligibility may not reflect 'real time' information.**

- **Providers should verify Medicaid eligibility either through:**

  - **Accessing www.emomed.com, or**

  - **Using the Interactive Voice Response (IVR) system (573) 751-2896.**

Participant Case Summary Screen editable fields
Other Information

Other Responsible Person

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

Participant Case Summary Screen – editable fields

- **When Yes is selected, text fields will display to add information. Required fields are marked with a red asterisk.**

- **Select Save.**

- **Select arrow icon to review notes.**

Participant Case Summary Screen editable fields Other Information

Formal Supports

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

Participant Case Summary Screen

Case Items

- **Provides a list of the case stages and the view of the prior authorizations for HCBS.**

- **Select ⊞ on the case line to display the case stages including the Prior Authorization – Care Plan.**

Participant Case Summary
Prior Authorization – Care Plan

- **Priority Risk on the Case Line is provided to assist with service delivery during periods of staff shortages.**

- **Upon expansion of the case, the associated case stages will be displayed.**

- **Determine the applicable Prior Authorization – Care Plan with a posted status.**

  - <u>**A posted status indicates that a prior authorization (PA) number has been submitted to MMIS. A PA in pending status does NOT ensure payment for any services delivered.**</u>

- **Expand the applicable posted Prior Authorization – Care Plan by selecting the ⊞. Each posted Prior Authorization – Care Plan will have a specific number assigned to aid in identification.**
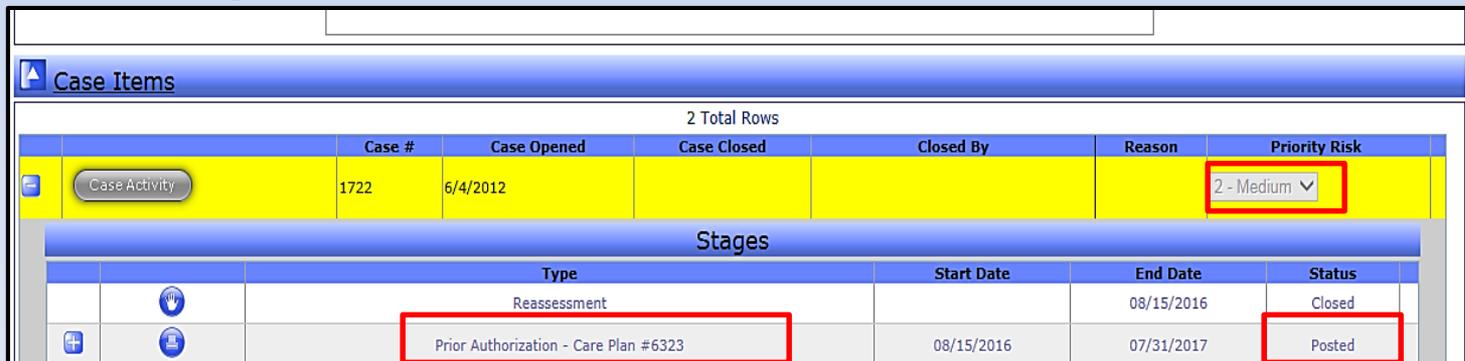
Case Items							
2 Total Rows							
		Case #	Case Opened	Case Closed	Closed By	Reason	Priority Risk
⊟	Case Activity	1722	6/4/2012				2 - Medium ∨
Stages							
		Type			Start Date	End Date	Status
	✋	Reassessment				08/15/2016	Closed
⊞	🖨	Prior Authorization - Care Plan #6323			08/15/2016	07/31/2017	Posted

Participant Case Summary
Prior Authorization – Care Plan

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

		Stages						

		Type		Start Date		End Date		Status
⊟	🖶	Prior Authorization - Care Plan #6579		03/07/2017		02/28/2018		Posted

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

Participant Case Summary
Prior Authorization – Care Plan

Review each Service Type line for:

- **Effective Dates / End Dates for delivery of the services;**

- **Selected Providers;**

- **Total Units/Month; and**

- **Prior Authorization numbers (PA#).**

Case Items

1 Total Rows

		Case #	Case Opened	Case Closed	Closed By	Reason	Priority Risk
Case Activity		2842	1/17/2017				2 - Medium

Stages

		Type	Start Date	End Date	Status
		Prior Authorization - Care Plan #6579	03/07/2017	02/28/2018	Posted

	Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month	Status	PA #
	1	Authorized Nurse Visit (per visit)	MD	12/01/2017	12/31/2017	Integrity Home Care, Inc	1	Posted	201706
	2	Authorized Nurse Visit (per visit)	MD	06/01/2017	06/30/2017	Integrity Home Care, Inc	1	Posted	201706
	3	Adult Day Care (age 63 and older)	MD	03/07/2017	02/28/2018	Genesis Adult Care, LLC	828	Posted	201706
	4	Personal Care – Agency Model (15-min. unit)	MD	03/07/2017	02/28/2018	Integrity Home Care, Inc	50	Posted	201706

To View the Service and Associated Tasks

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

Case Items

1 Total Rows

	Case #	Case Opened	Case Closed	Closed By	Reason	Priority Risk
Case Activity	2842	1/17/2017				2 - Medium

Stages

		Type		Start Date	End Date	Status
−	🖨	Prior Authorization - Care Plan #6579		03/07/2017	02/28/2018	Posted

	Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month	Status	PA
+	1	Authorized Nurse Visit (per visit)	MD	12/01/2017	12/31/2017	Integrity Home Care, Inc	1	Posted	20170660

Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month	
1	Gen Health Evaluation		1			

	Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month	Status	PA
+	2	Authorized Nurse Visit (per visit)	MD	06/01/2017	06/30/2017	Integrity Home Care, Inc	1	Posted	20170660

Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month	
1	Gen Health Evaluation		1			

	Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month	Status	PA
+	3	Adult Day Care (age 63 and older)	MD	03/07/2017	02/28/2018	Genesis Adult Care, LLC	828	Posted	20170660

Line #	Task	# Units/Day	# Days/Week	# Days/Month	
1	(no task)	36	5	23	

	Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month	Status	PA
+	4	Personal Care – Agency Model (15-min. unit)	MD	03/07/2017	02/28/2018	Integrity Home Care, Inc	50	Posted	20170660

Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month
1	Bathing	15		2	
2	Dressing/Grooming	15		2	
3	Med Rel HC Tasks: Clean Bath	15		1	
4	Med Rel HC Tasks: Make Bed/Change Linens	10		2	
5	Med Rel HC Tasks: Clean Living Area	30		1	

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

- **Prior Authorizations for PC or PC/APC in an RCF or ALF display an icon in the total units per month field.**

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

- **Upon selection of the icon, a pop up box displays the authorization in monthly segments.**

- **The printed care plan also displays the authorization in monthly segments.**

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

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

- A ⓘ indicates a comment exists related to care plan delivery for a specific service.

- To view the comment, expand the associated Prior Authorization-Care Plan on the Participant Case Summary screen by selecting the ➕.

- Select the 💬 to view the comment.

  - Service Delivery Comments do not eliminate the need for providers/vendors to review the Case Notes section of the Case Activities screen.
  - Comments will print when the associated Prior Authorization-Care Plan is printed.

		Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month	Status	PA #	
			Prior Authorization - Care Plan #6482		01/18/2017		12/31/2017		Posted		
➕	💬	1	Authorized Nurse Visit (per visit)	MD	01/18/2017	12/31/2017	A M Healthcare Enterprises, Ltd.	5	Posted	20	21
		2	Personal Care – Agency Model (15-min. unit)	MD	01/18/2017	12/31/2017	A M Healthcare Enterprises, Ltd.	155	Posted	20	21

General health evaluations to be provided in April 2017 and Oct. 2017
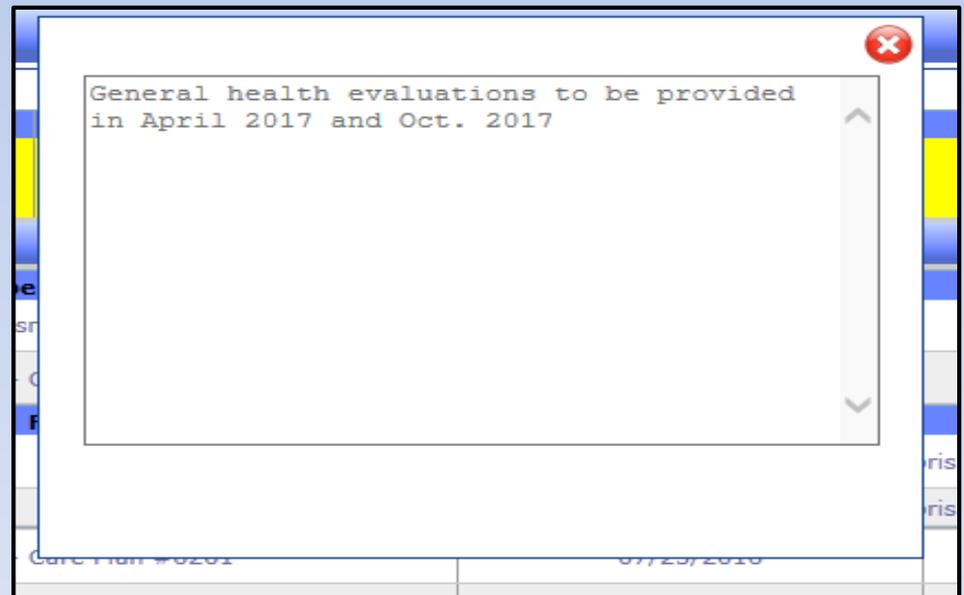
Determining Care Plan Service Delivery

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

Understanding an Amended Authorization

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

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

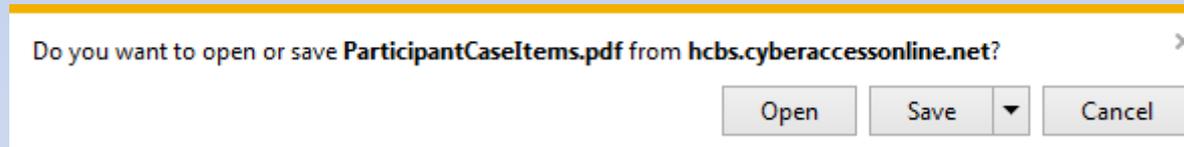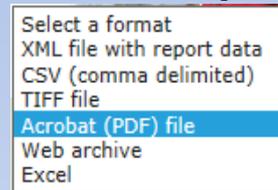|	Prior Authorization - Care Plan #7260			06/26/2019		05/31/2020		Posted
Line #	**Service Type**	**Funding Code**	**Effective Date**	**EndDate**	**Provider**	**Total Units/Month**	**Status**	**PA**
1	Authorized Nurse Visit (per visit)	MD	03/01/2020	03/31/2020	Integrity Home Care LLC	1	Posted	20191780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

Total units based on 7/2019 monthly maximums

Printing the Prior Authorization - Care Plan

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

Care Plan Print View

– The care plan will display as a report.

– From the 'Select a format' drop down, choose

Acrobat (PDF) file and

then Select Export.

Select a format
XML file with report data
CSV (comma delimited)
TIFF file
Acrobat (PDF) file
Web archive
Excel

Export

– The following message will display:

Do you want to open or save **ParticipantCaseItems.pdf** from hcbs.cyberaccessonline.net?   ×

Open   Save ▼   Cancel

– Select Open to display the care plan in a printable version. Print as normal using the tool bar at the top of the screen.
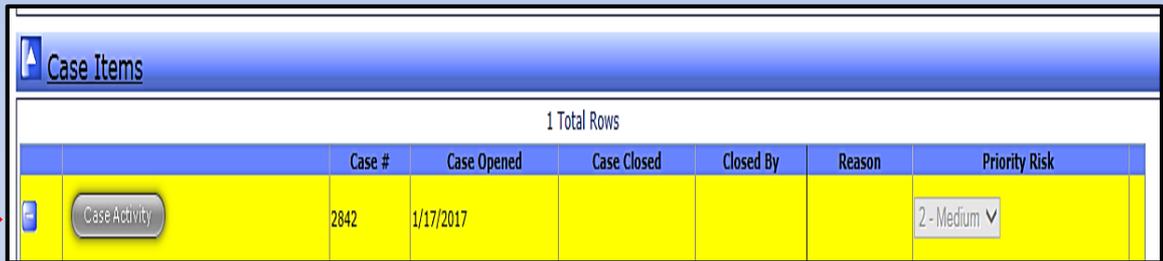
Case Activity Screen

HCBS providers use the Case Activity Screen to:

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

Navigation to the Case Activity Screen

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

- **Navigation is also available from the Assessment screen.**

Viewing an Existing Attachment on the Case Activity Screen

Existing attachments will appear in the Attachments section. ➡️

To view the attachment select 🖐️ **.** ➡️

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

- **Select Browse in the Attachments section.**
  - Launches standard file browse capability.

- **Select the appropriate subject from the drop down list.**

- **Select Save 💾 to store the attachment.**
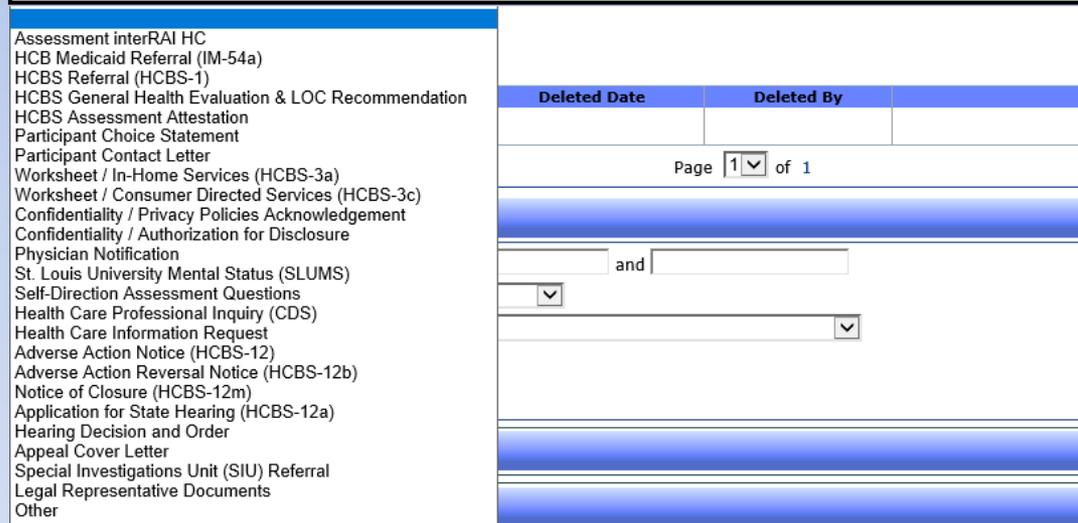 - Providers cannot delete attachments. Contact DSDS to delete attachments uploaded in error.
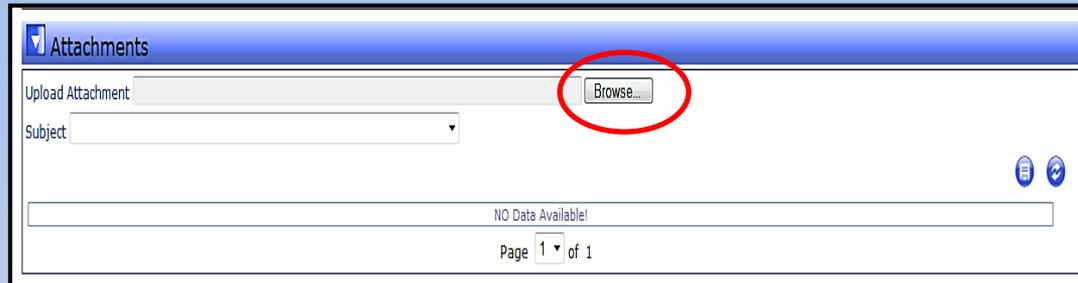

Assessment interRAI HC
HCB Medicaid Referral (IM-54a)
HCBS Referral (HCBS-1)
HCBS General Health Evaluation & LOC Recommendation
HCBS Assessment Attestation
Participant Choice Statement
Participant Contact Letter
Worksheet / In-Home Services (HCBS-3a)
Worksheet / Consumer Directed Services (HCBS-3c)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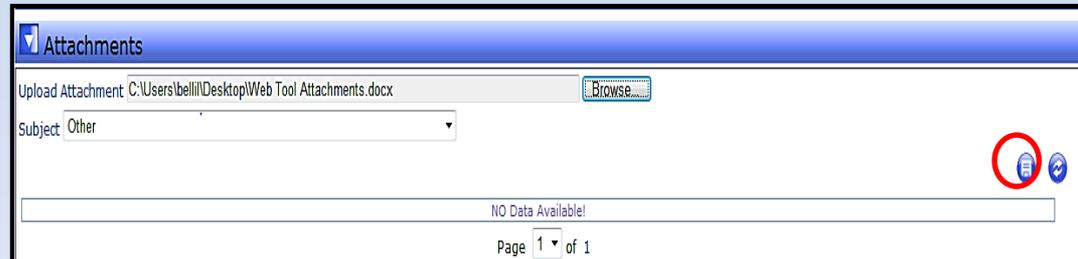
Searching for Case Notes on the Case Activity Screen

- **Select** 🔍 **on the right side of the screen.**

- **Case Notes will expand.**

To read the full text of a specific note select ✋ **next to the associated line. (To view the full text of all notes, select the print icon** 🖨 **to display in a PDF.)**
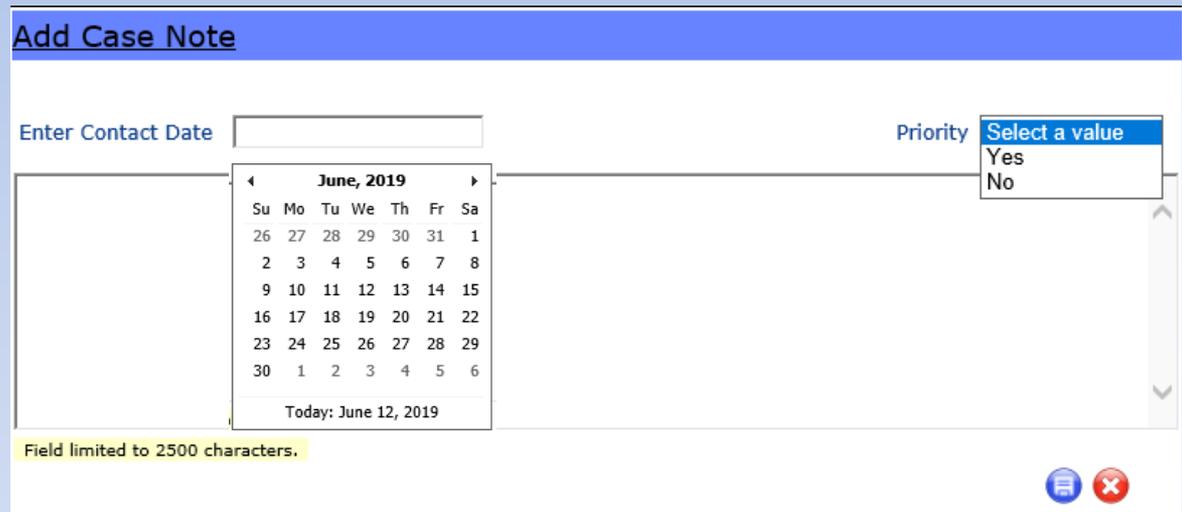
Adding a Case Note on the Case Activity Screen

Within Case Notes on the Case Activity Page:

- Select ⊕ in the lower right hand corner.

- 'Add Case Note' will display.

- 'Enter Contact Date' will display. Select from the calendar the date contact with the participant or DSDS occurred.
- 'Priority' will display. Select the appropriate value. *
- Enter *objective, factual, participant specific* information.
- Proofread the entered information.
- User should sign the note with their name and agency for identification.

- Select Save.
- If a case note needs to be edited or deleted, contact DSDS.

Per PM-13-10/VM-13-11, providers shall enter a priority of 'yes' only in those situations when a change to the care plan is required to prevent harm to the participant. Indicating a priority of 'yes' does not replace the requirement for the provider to contact DSDS. Providers shall still contact the appropriate regional evaluation team to alert DSDS of the added note.

Other Information from Participant Specific Screens

Participant Information Available to HCBS Providers
PreScreen (read only access)

- **Used to determine preliminary level of care eligibility.**

- **Only one PreScreen is required for an open case.**

- **PreScreen is not required for any participant currently receiving HCBS.**

- **PreScreen may be completed over the phone.**

- **PreScreen includes:**
  - **Demographics,**
  - **Physician Information, and**
  - **PreScreen Evaluation.**
    - **Other Responsible person;**
    - **Reported Health condition;**
    - **Formal supports;**
    - **Requested HCBS; and**
    - **Level of Care.**
      Displays either:
      'Criteria Met' or 'Criteria Not Met.'

Navigation to the PreScreen

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

Participant Information Available to HCBS Providers

Assessment Screen

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

care

Navigation to the Assessment

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

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

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

Additional Information

- **Subscribe to the DSDS E-News to receive notification of Provider/Vendor Memos and to access HCBS Web Tool information:** *http://health.mo.gov/seniors/hcbs/*

- **Provider/Vendor memos can be located at:** *http://health.mo.gov/seniors/hcbs/memos.php*

- **Web Tool Provider Communication:**

- *http://health.mo.gov/seniors/hcbs/webtoolcommunications.php*

- **Questions regarding Web Tool functionality:**

  DSDSWebTool@health.mo.gov