



**Department  
of Health**

Medicaid  
Redesign Team

# Behavioral Health Transition to Managed Care

April 23, 2015

# Agenda

- Behavioral Health Managed Care Transition
- Community Mental Health Assessment
- Uniform Assessment – Community Mental Health Pilot
- Training
- Organization Readiness
- Milestones

# Behavioral Health Managed Care Transition

## Qualified Mainstream MCOs

- ✓ integrates all Medicaid State Plan covered services for mental illness, substance use disorders (SUDs), and physical health conditions.

## Health and Recovery Plans (HARPs)

- ✓ manages care for adults with significant behavioral health needs.
- ✓ offers access to an enhanced benefit package comprised of Home and Community Based Services.
- ✓ offers Health Home care management services.

# Community Mental Health Assessment

- Researched and validated by interRAI
- Comprehensive assessment
  - designed to incorporate the person's needs, strengths and preferences when assessing the key domains of function, mental and physical health, social support and service use.
  - includes items to describe the performance and capacity of the person in a variety of domains, with the majority of items serving as specific triggers for care planning.
  - information used to assist in the identification of needs and to inform and support individual goals and appropriate interventions
- Adapted for New York State
- Subset of items are used to support HARP and HCBS Eligibility
  - Referred to as the "HARP/HCBS Eligibility Assessment Tool"
  - New York State is currently pilot testing the algorithms

# Uniform Assessment – Community Mental Health Pilot

- Web-based application accessed through the Health Commerce System
- Role-based application that guides user privileges
- Contains Community Mental Health Assessment and HARP/HCBS Eligibility Assessment Tool
- Offline Application permits users to work while not connected to the Internet
- Reports available to support management and care planning

*Will be integrated into the UAS-NY in early 2016.*

# UA-CMH Pilot Roles

Role	Description
OMHCMH-01 Assessor	Ability to initiate, conduct, and sign assessments
OMHCMH-02 Manager	Ability to review assessments and access reports

- Both roles are available to Health Homes and Health Home Care Management Agencies.
- Managed Care Organizations will only have access to the Manager role.

HCS Coordinator will assign roles

# Assessor Qualifications

- **Education:**

- A bachelor's degree in any of the following: child & family studies, community mental health, counseling, education, nursing, occupational therapy, physical therapy, psychology, recreation, recreation therapy, rehabilitation, social work, sociology, or speech and hearing; OR
- NYS licensure and current registration as a Registered Nurse and a bachelor's degree; OR
- A Bachelor's level education or higher in any field with five years of experience working directly with persons with behavioral health diagnoses; OR
- A Credentialed Alcoholism and Substance Abuse Counselor (CASAC).

- **Experience:**

- Two years experience (a Master's degree in a related field may substitute for one year's experience) either:
  - ✓ Providing direct services to persons diagnosed with mental disabilities, developmental disabilities, alcoholism or substance abuse;OR
  - ✓ Linking persons who have been diagnosed with mental disabilities, developmental disabilities, alcoholism or substance abuse to a broad range of services essential to successfully living in a community setting.

- **Supervision:**

- Must have supervision from a Master's level clinician

The State may waive, on a selected basis and under circumstances it deems appropriate which may include care manager capacity issues, such qualifications.

# Training

## Course

Managed Care 101

HCBS Services

- Provide foundational knowledge on each HCBS service, how they fit into plan of care, how they relate to other State services
- Clear distinction btw MH V SUD

Workflows for Health Home Care Managers

Using the Uniform Assessment – Community Mental Health Application Pilot

Scheduling Details to Follow

# Understanding the Community Mental Health Assessment

- Online, self-paced course
- Available through the UAS-NY Training Environment
- Upon completion of the course, learners will:
  - describe the structure and intent of the Community Mental Health Assessment
  - identify strategies to administer the Community Mental Health Assessment
  - demonstrate the ability to administer the Community Mental Health Assessment
- Course contains 11 modules
- Provide staff with time to complete course; this will aid in their understanding and comfort with the assessment

# Application Access

**UAS-NY  
Training  
Environment**

**Uniform  
Assessment -  
Community  
Mental Health  
Assessment  
Pilot**

# Health Commerce System

- **Secure, Web Portal**
  - Authenticates users
  - Contains a wide range of restricted and non-restricted applications
- **Organizations are grouped by Organizational Type:**
  - Organizational type based on operating certificates issued by DOH
    - ✓ Managed LTCP
    - ✓ Managed Care
    - ✓ Health Home Program
    - ✓ Health Home CMA
    - ✓ NYS CFA
  - Provides additional security by limiting the organization types that can access applications

Only these organization types have access to the UA-CMH Pilot application and roles.

# HCS User Accounts

- All Users must have their own active HCS User Account
- Only one HCS account per user
- Staff without an active account must work with their HCS Coordinator and use the Paperless HCS User Account process

## Paperless HCS User Account

NEW! Paperless HCS User Accounts for non medical professionals OR all those needing access to UAS. The Health Commerce System (HCS) user account request has gone paperless! No more signatures and notary. Applying for an HCS user account is as simple as filling out an online form and having a NYS DMV Driver License or NYS DMV Non-driver Photo ID. People that do not have a NYS DMV Driver License or NYS DMV Non-driver Photo ID can still apply for an HCS user account using the existing process which requires signatures and a notary. Please see your HCS Coordinator to apply.\*

### A. User steps...

#### What are the steps?

To obtain an account, you must:

1. Register for an account
2. Enroll your account on the HCS. This step must be done with your HCS Coordinator

#### Important Information!

To enroll using the paperless process, you must have a NYS DMV Driver License or NYS DMV Non-driver Photo ID.

#### Where do I register?

1. Open your web browser and enter this website in the address bar

<https://apps.health.ny.gov/pub/useropt.html>

2. Click 'Register for an account'

#### How do I register?

1. Complete the Name, Address and Policy Statement sections, and click **Continue**  
NOTE: Your name must match what is on your NYS driver license or NYS Photo ID
2. Request a userid and create a password, click **Continue**
3. Answer at least six of the 27 secret question, click **Register**
4. Confirm your account information, and click **Confirm**
5. Print your NYSDOH Account Registration Completion information, click **OK**
6. You will receive a confirmation email that your userid was created
7. See your \*HCS Coordinator with your NYSDOH Account Registration Completion printout and your NYS DMV Driver License or NYS DMV Non-driver Photo ID

### B. Coordinator steps...

#### How do I enroll a user with the paperless process?

1. Log on the HCS
2. Click **Coord Account Tools - HCS** under **My Applications**  
\* Counties click **Coord Account Tools—LHD**
3. Click **User** under 'Request an account for a...'
4. Click **Yes, they have a NYS DMV driver license or NYS DMV Non-driver Photo ID**  
NOTE: A NYS driver license is required for the paperless process. If they do not have one, click 'No, they do not...'
5. Select your organization in the list
6. Enter the user's **Public ID**, click **Submit**  
NOTE: This information must be supplied by the user when they registered for an HCS account
7. Enter the user's information from the NYS driver license or NYS Photo ID, click **Submit**  
NOTE: The information must match exactly
8. Enter the user's contact information (fields marked with an asterisk are required), click **Submit**
9. Your user is enrolled on the HCS. Please instruct them to use their userid and password they created and sign in the HCS (<https://commerce.health.state.ny.us>)

### C. User steps...

#### How do I sign on the HCS?

Once your HCS Coordinator completes their steps above, you will be enrolled on the HCS and receive a congratulations email. Do the following:

1. Read the 'Document 2 SAUP' for rules and responsibilities
2. Click the HCS website link (or copy and paste it in your browser's address bar), and enter your userid and password that you created when registering

\* If you do not know your HCS Coordinator, please call the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890 option 1 (M-F 8am-4:45pm)



Department of Health

Medicaid Redesign Team

# Assigning Roles

## Coordinator's Update Tool

- Main Page
- Location
- Manage People
- Organizational Offices
- Manage Role Assignments
- Reports
- Add a New Person
- Special Accounts

**Form Name:  
Role Assignments**

Select a Role to Assign/Modify  
for *Z Test Managed LTCP*

Role Description	Person in Role?	Modify Role Assignments	Role Description	Person in Role?	Modify Role Assignments
<a href="#">Chief Executive Officer or President</a>	No	<a href="#">Modify</a>	<a href="#">HPN Coordinator</a>	DOH Assigned	<a href="#">Modify</a>
<a href="#">HPN Organizational Security Coordinator</a>	DOH Assigned	<a href="#">Modify</a>	<a href="#">MAPP Gatekeeper</a>	No	<a href="#">Modify</a>
<a href="#">MAPP SPOC</a>	No	<a href="#">Modify</a>	<a href="#">MAPP User</a>	No	<a href="#">Modify</a>
<a href="#">MEDS Reporting &amp; Analysis</a>	No	<a href="#">Modify</a>	<a href="#">Medical Director</a>	No	<a href="#">Modify</a>
<a href="#">Order Official Prescriptions</a>	N/A	<a href="#">Modify</a>	<a href="#">PNDS Reporting &amp; Analysis</a>	Yes	<a href="#">Modify</a>
<a href="#">UAS-15</a>	No	<a href="#">Modify</a>	<a href="#">UAS-20</a>	No	<a href="#">Modify</a>
<a href="#">UAS-30</a>	No	<a href="#">Modify</a>	<a href="#">UAS-40</a>	No	<a href="#">Modify</a>
<a href="#">UAS-45</a>	Yes	<a href="#">Modify</a>	<a href="#">UAS-50</a>	No	<a href="#">Modify</a>
<a href="#">UAS-NY</a>	Yes	<a href="#">Modify</a>	<a href="#">UAS-NY IT</a>	Yes	<a href="#">Modify</a>

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# Trust Level 3 Assurance

## Coordinator's Update Tool

- Manage People
- Update Contact Info
- Manage Role Assignments
- Delete Account
- Request Account
- Verify Trust Level

## Coordinator's Update Tool

- Main Page
- Location
- Manage People
- Organizational Offices
- Manage Role Assignments
- Reports
- Add a New Person
- Special Accounts

### Form Name: Role Assignments

Select a Role to Assign/Modify  
for Z Test Managed LTCP

Role Description	Person in Role?	Modify Role Assignments	Role Description	Person in Role?	Modify Role Assignments
Chief Executive Officer or President	No	Modify	HPS Coordinator	DOH Assigned	Modify
HPS Organizational Security Coordinator	DOH Assigned	Modify	MAPP Gatekeeper	No	Modify
MAPP SPOC	No	Modify	MAPP User	No	Modify
MEDS Reporting & Analysis	No	Modify	Medical Director	No	Modify
Order Official Prescription	N/A	Modify	PIDS Reporting & Analysis	Yes	Modify
UAS-12	No	Modify	UAS-20	No	Modify
UAS-30	No	Modify	UAS-40	No	Modify
UAS-45	Yes	Modify	UAS-50	No	Modify
UAS-NY	Yes	Modify	UAS-NY IT	Yes	Modify

## Trust Level for

### How to Grant Trust Level 3 Access

- The user must be in person with their NYS driver license or Non-driver Photo ID available.
- Enter the user's information from their NYS driver license or Non-driver Photo ID in the NYS DMV Identity Verification fields below.

**The Last and First name fields must match what is on the user's driver license or non-driver photo ID. If it does not match, contact 1-866-529-1890 option 1 and request the name be updated to match the driver license name.**

- All fields marked with an asterisk (\*) are required.
- Check the box to attest the user's identity was verified, and click **Submit**

Only **successful** verifications will acquire Trust Level 3.

### NYS DMV Identity Verification

Last Name:

First Name:

NYS DMV ID or Non-driver Photo ID: \*

Date of Birth (YYYYMMDD): \*

Gender (M/F): \*

ZipCode: \*

\* I attest by checking the box that the user's identity was verified and approved for Trust Level 3 access.

**Submit** **Reset**

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# HCS Coordinator Resources

[Home](#) | [My Content](#) | [Print](#) | [Search](#) | [Help](#)

[Groups](#) > [Coordinator](#) > **HCS Coordinator** [Add to Fav.](#)

[View Help](#)

**Coordinator Document Groups**

- Coordinator Account
- Director Account
- Medical Practice Account
- Policy
- Practitioner Account
- Security Coordinator Account
- Status
- User Account

HCS Coordinator Documents      Sort by: [Date Posted - Descending](#)      12 Records

Type	Label	Description	Date Posted
	Delete Account Quick Reference Guide	Remove HCS Account (Delete) using the Coordinator's Update Tool	08/20/2014
	Trust Level Quick Reference Guide	Feature in the Coordinator's Update Tool to verify a user against DMV for Trust Level 3	08/20/2014
	Trust Level Quick Reference Guide	Feature in the Coordinator's Update Tool to verify a user against DMV for Trust Level 3	08/20/2014
	Paperless HCS User Account Quick Reference Guide	Quick Reference guide - NEW! Paperless HCS User Accounts for non medical professionals OR all those needing access to UAS!	11/08/2013
	HCS Coordinator's FAQs	Frequently Asked Questions regarding accounts	09/13/2013
	Coordinator Responsibilities	HCSC Responsibilities	03/18/2013
	How to remove a role	using the Coordinator's Update Tool	03/15/2013
	Account Types	What types of HCS accounts are there?	10/17/2012
	Acceptable Account Request Form Criteria	What is the criteria for an account request form to be processed?	09/12/2011
	NYSE-CON HCS Coordinator Overview V1	This reference manual will provide a guide through commonly asked questions that arise based on the HCS Coordinator role.	02/28/2011
	PIN Letter and Activation Instructions	SAMPLE of the PIN letter and activation instructions that our HCS customers receive	02/03/2011
	Information about Account Security Violations	STOP!!! DO NOT share account information (userids and passwords). Allowing someone to use your HCS account is a breach of security!	11/19/2010

# Accessing the Applications

**Mobile Apps** → My Content - Print Search Help -

Welcome

Search

My Applications

- Acronyms & Abbreviations
- Application Access
- CART
- ComDir Bulk Messaging Tool
- ComDir List Creation Utility
- ComDir Role Lookup Tool
- Coord Account Tools - HCS
- Coord Account Tools - LHD
- Coord Account Tools - PCC
- Coordinator's Update Tool
- Emergency Contacts
- Health Facilities Info Sys HFIS
- HINAPCF
- IHANS (Notification System)
- MAPP
- ServNY
- UAS-NY
- UAS-NY TEST DRIVE

[Refresh My Applications List](#)

### Important Health Events

Ebola Response 2014 | NYS PMP | Visualization Portal

### Important Health Notifications

Posted	Priority	Keyword	Source	Audience	Description	Recipients
04/17/2015	Advisory	synthetic cannabinoid	NYSDOH		Increase in Synthetic Cannabinoid-related Adverse Events and ED visits	Recipients
04/01/2015	Advisory	hospital disclosure	NYSDOH		3-16-15 DAL Summary of new disclosure requirements for hospitals	Recipients
03/23/2015	Advisory	Infectious Disease	NYSDOH		CDC Interim Protocol: Surveillance for Bacterial Contamination of Duodenoscopes	Recipients

Showing notifications sent in the past 30 days.

### Newsroom Highlights...

#### New Items

04/17/2015	04-1-15 Weekly Influenza Report
04/14/2015	DAL: DHCBS 15-06 Responsibilities of Hom...
04/14/2015	DAL: DHCBS 15-06 Attachment

#### Newsletters

04/13/2015	MidMonth Apr 2015 e-Distance Learning Co...
04/07/2015	April 2015 Aware Prepare Update
03/27/2015	In the Field Newsletter - Spring 2015

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# Accessing the Applications

**Health Commerce System Applications** [View Help](#)

Browse by [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) [View All](#)

Application Name	Acronym	Profile	Restricted	Add/Remove
Uniform Assessment System for New York		<a href="#">i</a>	Yes	
Uniform Assessment System for New York - TEST DRIVE		<a href="#">i</a>	Yes	
UPHN Message Conformance Application		<a href="#">i</a>		<a href="#">+</a>
Upload Digital Photos		<a href="#">i</a>		<a href="#">+</a>
User Application Access List		<a href="#">i</a>	Yes	
User Permission List		<a href="#">i</a>		<a href="#">+</a>

# Milestones

Description	Timeframe
Establish a leadership group and make an organizational commitment to successfully implement the UA-CMH Pilot ( <b>see page 8</b> ).	April 27, 2015
Appoint a UA-CMH Single Point of Contact to serve as the project manager for your organization's UA-CMH Pilot implementation ( <b>see page 8</b> ).	April 27, 2015
Create an internal and external communication plan to share information about your organization's implementation of the UA-CMH Pilot ( <b>see pages 9 and 10</b> ).	May 1, 2015
Identify and confirm your organization's HCS Coordinator(s), or take steps necessary to establish one.	May 1, 2015
Assess staff computer literacy and provide training as needed ( <b>see page 12</b> ).	May 8, 2015
Make "UA-CMH Pilot Support for Users" available to all of your staff ( <b>sent with Behavioral Health Managed Care Transition Guide</b> ).	May 14, 2015

# Milestones

Description	Timeframe
Assign roles in HCS ( <b>see page 21</b> ).	May 8, 2015
Begin Assessor Training	Available May 15, 2015
Start reviewing your organization's current business practices ( <b>see page 10</b> ).	June 1, 2015
Start reviewing and prepare your organization's information technology infrastructure ( <b>see page 25</b> ).	June 15, 2015

# Single Point of Contact

- Oversee organization's transition to using the Community Mental Health Assessment and associated application
- Serve as the primary information contact between your organization and State project staff

**By April 27, 2015:**

Email the name, agency, telephone number, and email address of your Single Point of Contact to the Health Home email web form (link below) under the subject: **Behavioral Health Managed Care**

[https://apps.health.ny.gov/pubdoh/health\\_care/medicaid/program/medicaid\\_health\\_homes/emailHealthHome.action](https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action)

# Questions?

- Email the name, telephone number, and email address of your Single Point of Contact to the Health Home email web form (link below) under the subject: **Behavioral Health Managed Care**

[https://apps.health.ny.gov/pubdoh/health\\_care/medicaid/program/medicaid\\_health\\_homes/emailHealthHome.action](https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action)

- **Transition Support**

via email: uasny@health.state.ny.us  
telephone: 518-408-1021 (option 2)

- **User Support**

via email: helpstar@ciminc.com  
telephone: 734-930-0855 (please specify that call is related to the Community Mental Health Pilot software in New York)

- **Programmatic Questions**

via email: UA-CMH@omh.ny.gov